

# AMERICAN MEDICAL TIMES

Being a Weekly Series of the New York Journal of Medicine.

No. VII. } NEW SERIES. NEW YORK: SATURDAY, FEBRUARY 16, 1861. { *Mail Subscribers, \$3 per Ann.*  
VOL. II. } { *City and Canadian, \$ 50 "*  
 { *Single Numbers, 10 cents.*

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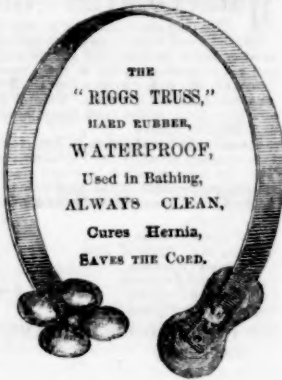
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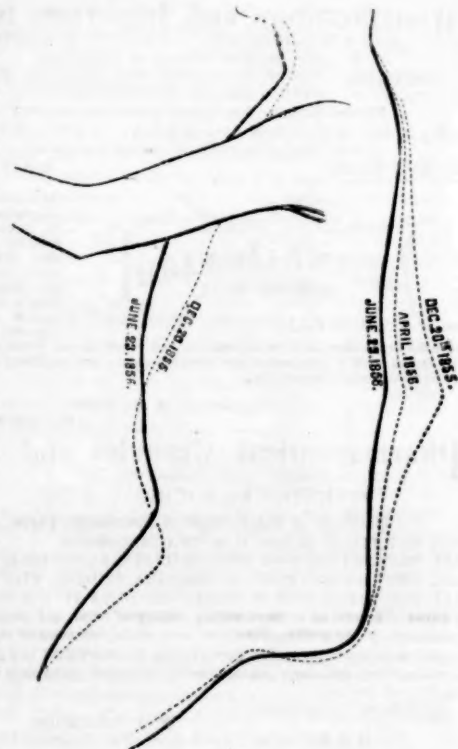
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## Original Lectures.

## LECTURES ON THE PHYSIOLOGY OF THE CRANIAL NERVES.

DELIVERED IN THE COLLEGE OF PHYSICIANS AND SURGEONS.

BY

JOHN C. DALTON, JR., M.D.,

PROFESSOR OF PHYSIOLOGY AND MICROSCOPIC ANATOMY.

## LECTURE III.

TO-DAY, gentlemen, we begin the examination of the seventh pair, or the facial. The facial nerve was considered by the older anatomists as belonging to the same pair with the auditory, for the reason that they both emerge from the substance of the brain very near each other, that they take the same course, and leave the cranial cavity by the same foramen, viz. the meatus auditorius internus. This foramen is situated on the posterior surface of the petrous portion of the temporal bone. The two nerves run side by side from within outward, and enter the same foramen together. Thus far they are associated as a single pair. But they have also certain characters which distinguish them from each other. From the difference in their consistency alone the facial has been called the *portio dura*, and the auditory the *portio mollis*. Then again, the distribution of the two nerves is different. The facial, instead of terminating, like the auditory, in the petrous portion of the temporal bone, enters a canal of its own, the aqueduct of Fallopius, and thence follows a zigzag course until it emerges upon the side of the face, by the stylo-mastoid foramen.

There are several curious points in the anatomy of this nerve, as it passes through the aqueduct of Fallopius. In one of the specimens which I have here, the irregular, zigzag course of the facial is very well shown. It first runs from behind forward and from within outward, then makes a very sharp elbow-like turn, and takes a course from within outward and before backward, then turning from above downward it finally reaches the situation of the stylo-mastoid foramen, and thus emerges from the interior of the cranium upon the side of the face. Such is the history of the facial nerve during its course through the substance of the petrous portion of the temporal bone. Then, having emerged from the foramen which I have mentioned, it runs first from above downward and from behind forward, and penetrates the substance of the parotid gland, where it breaks up into several different bundles, or branches. The arrangement of these branches, and their separation from each other, and at the same time their mutual connexion, present an appearance which is known as the *pes anserina*, or the goose's foot. This appearance you will see in the preparation which I now show. You observe the emergence of the nerve at the stylo-mastoid foramen, its passage from behind forward, and its separation here into four principal divisions. The first is a division consisting of fibres which run from below upward, and are distributed to the muscles of the external ear; the second is a bundle passing from behind forward and upward, to be distributed to the orbicularis oculi muscle. The third passes from behind forward, and is distributed to the superficial muscles about the anterior and middle part of the face. The fourth runs from behind forward and downward, to be distributed to the muscles of the lower part of the face. Here then you find that the facial nerve, so far as regards its distribution, is evidently to be considered a muscular nerve. Unlike the first and second divisions of the fifth pair, which we examined yesterday, this nerve sends its filaments to the muscles of the face, and the muscles only; and unlike the third division of the fifth pair, which was partly distributed to the deeper-seated muscles and to the teeth, this nerve supplies the *superficial* muscles,

those, viz. which close and dilate the orifices of the face. So much, then, for the anatomy of this nerve.

Let us see what can be ascertained with regard to the physiological character of these filaments. You will remember the method which has been adopted in every instance as yet to demonstrate the properties of any nerve. When we expose a nerve, in a living or recently killed animal, and irritate it, we excite either a painful sensation or a convulsive movement in the parts to which it is distributed. When we divide the nerve, we see what nervous properties are destroyed by that procedure. It has been found, with reference to the facial nerve, that if it be irritated in any part of its course, one effect is invariable; convulsive movements produced in the superficial muscles of the face. I have very frequently noticed, in operating upon this nerve, that when separate branches of it are irritated particular muscles will be thrown into convulsive action;—the muscles about the eye, about the ear, about the nose, and about the lips.

The facial nerve may be readily divided in the dog, cat, rabbit, and several other animals. All that is necessary to do, to divide it in the cat, is to make an incision from above downward and from behind forward, immediately behind the external ear, then reach the posterior edge of the parotid gland, lift this up, and continue the dissection underneath it, until at last you find the situation at which the branches of the nerve are passing forward. These branches can be followed backward to the stylo-mastoid foramen, and all the filaments divided at that point. In this cat, this operation was done a few hours ago. Now, the consequence of this division is a loss of power over the superficial muscles of the face. These muscles are the orbicularis oculi, dilators and constrictors of the nares, buccinator, orbicularis oris, and the levators and depressors of the lips. We can ascertain the existence or loss of muscular power in these parts by irritating the integument in various ways. For you will recollect that, so far, we have not found any sensibility in the facial nerve, but only the stimulus to motion. Now, in regard to the external ear, in the case of the human subject, the movements of that organ are very insignificant, and its muscles consequently are so slightly developed, that it is with some difficulty that they can be distinguished in an ordinary dissection of the parts. But in many of the lower animals, the movements of the external ear are exceedingly vigorous, varied, and extensive, and consequently the result of a division of the nervous filaments which supply these muscles is equally important. The cat is an animal particularly well adapted to illustrate this point, as its ear is exceedingly sensitive to any impressions made upon the integument. All we have to do is to irritate the posterior surface of the ear, and you perceive a violent twitching taking place, which in its promptness and certainty is similar to the act of coughing in the human subject, when the mucous membrane of the glottis is irritated. I will irritate the ear of this animal on the right side, and you will perceive a twitch at the slightest touch, yet if I irritate the ear upon the left side, where the facial nerve has been divided, we produce no effect whatever upon the movements of the organ.

Now, by this very simple operation we prove two things; in the first place, that the power of motion over the external ear is lost, and at the same time, in a way that I shall explain in a moment, that there is nevertheless no loss of sensibility. This, you will observe, is a very important point. When we divide a nerve going to a particular region, we wish to ascertain if motion is destroyed, and if so, whether sensibility is destroyed at the same time; or, if sensibility is destroyed, whether the power of motion remains. Now, how are you to determine this? In this way. You observe, if I touch the right ear, upon which side no operation has been done, the movement which takes place in consequence, is a movement of the ear, but not of the head. The animal keeps his head quiet, and satisfies himself by twitching the ear to avoid the pain. If sensibility were destroyed upon the left side, and I irritated

the ear upon that side, the animal would not show any indication of feeling. The truth is, that the sensibility of the skin remains; and although there is no convulsive twitching of the ear, we nevertheless see that the animal still feels, because he endeavors to withdraw from the irritation by moving the whole head. Here, then, we have found that after division of the facial nerve the muscles of the external ear are paralysed, and the integument still retains its sensibility. This is because the integument of the external ear is supplied by the great auricular nerve, which is a branch of the cervical plexus.

Let us next see what effect has been produced upon the eye by the division of this nerve. The eye is opened, as we found the other day, by the action of the levator palpebræ superioris. This muscle is supplied by the oculo-motorius, and consequently if that nerve be left entire the animal has still the power of opening the eye. But the eye is closed by the orbicularis oculi, and that muscle is supplied by one of the branches of the facial nerve; the power of closing the eye, then, is gone. In this cat the sensibility of the cornea and the movements of the right side are unimpaired. If, however, I touch the cornea upon the left side, where the facial nerve has been divided, there is no closure of the lids. There is, however, a certain movement which you will notice, viz. a retraction of the eye within the orbit by the action of the straight muscles of the eyeball, which shows that sensibility of the cornea still remains. At the same time that the eye is drawn back, you observe that the third eyelid, or nictitating membrane, is partly thrown across the cornea by the pressure of the eyeball at its base. The only other point which is visible in the cat is, that the orbicularis oris is incapable of complete contraction on the injured side of the mouth. On the uninjured side, the angle of the mouth is completely closed, while on the left side it hangs partially open.

Now, the effect produced in this animal by a division of the facial nerve is different from that which we saw yesterday, in consequence of a division of the fifth pair. Here is the cat upon which I operated yesterday, by dividing the fifth pair at the Casserian ganglion. You will see that the right eyeball is still very prominent, as it was immediately after the operation. You will notice that the pupil upon the right side is very much contracted. Upon the left side the eye is perfect, and retains its ordinary appearance. I show you this animal again to-day for the purpose of calling your attention to the difference in the effects of the division of the fifth and facial nerves. When I touch the anterior surface of the cornea in the animal in whom the fifth pair nerve has been divided, the eye does not close, but it is not because she cannot close it, but because she feels no desire to do so. In the other animal where the facial nerve is divided, it is easy to see that motion has been lost while sensibility remains; so in the other it is easy to prove that sensibility is lost while motion remains. If I make a sudden movement towards both eyes, you perceive that there is immediate closure of both; this, however, does not prove that there is no sensibility in the cornea of the injured side, but simply shows the sympathy which exists between the muscles of the two sides. If I cover up the sound eye, no such movement is communicated.

In the cases, therefore, in which the facial nerves are divided, we find that the result of this operation is a paralysis of the superficial muscles of the face. We find that the facial is the great motor nerve of the face, presiding over the movements of expression, as the third division of the fifth pair presides over the movements of mastication.

There is still another point to be investigated. Does the facial nerve contain any sensitive filaments? Direct examination has shown that this is not the case. For if the facial nerve be irritated during its passage through the petrous portion of the temporal bone, in the living animal, as observed by Longuet and other observers, no painful sensation is felt. But that is not the case if we irritate the nerve after its emergence from the stylo-mastoid foramen, when we find that the animal suffers evident pain. Now

how are we to explain this? A series of very ingenious experiments has determined the cause of this peculiarity in the functions of this nerve. Longuet and others have found that the trunk and branches upon the exterior owe the sensibility which they undoubtedly possess, not to filaments of the facial nerve, but to those which it derives from the fifth pair. This has been proved in the following way:—I have stated that if the facial nerve be divided during its passage through the long canal, the result is a loss of power in the superficial muscles of the face; but it has not been found that the face loses any of its ordinary sensibility. The skin retains its natural properties in that respect; so that while we have destroyed motion we have not affected the sensibility, and consequently the power of sensation cannot belong to the fibres of the facial nerve. It is found, however, if the fibres of the facial be left untouched, and the fifth pair be entirely divided in the interior of the cranium, not only is all sensibility of the integument and mucous membrane of the face destroyed, as we saw yesterday, but the sensibility of these very filaments and branches of the facial nerve is lost. This inoculation of the fifth pair with the facial is exceedingly important in a pathological point of view. I spoke the other day of the painful affection of the face, called *tic douloureux*, a neuralgic affection of the branches of the fifth pair. Now it is a tolerably common occurrence in this affection for the patient to insist upon it that the pain runs along the track of the facial nerve; and this occurrence is so common that it was an operation recognised among surgeons, to divide the seventh pair, for the cure of *tic douloureux*. Now this operation, whenever done, was always productive of injury. The *tic douloureux*, however, was never cured by this operation, because the sensitive fibres which were affected, still retained their connection with the brain; and worse still, there was added to the trouble, a paralysis of the muscles of that side of the face.

Another point of considerable interest, in connexion with the physiology of the facial nerve, relates to the variations of its distribution in different species of animals, and the corresponding effects resulting from its injury or division. Now I take occasion here to illustrate the anatomy and distribution of this nerve upon the heads of the lower animals. I do it because it is necessary, in order to gain any complete and proper idea of the course and distribution of these nerves, to have the dissection fresh, which is almost impossible, and certainly very difficult, to get upon the human subject. And, in point of fact, for our purpose, dissections of the lower animals are equally good, since the general structure of parts in all vertebrate animals is the same, and the nervous distribution the same. In all the higher animals, the fifth pair divides into three branches, so that for our purposes of study they answer as well as if we had the human head. There are, however, certain peculiarities connected with the physiology and distribution of portions of the nerve which are connected, not with a difference in the plan of arrangement in different animals, but with the different degrees of development of various parts. For example, I have already mentioned that in the human subject the movements of the ear are insignificant; consequently, the muscles of that part are not well developed, neither is the nerve which supplies them very large, for an obvious reason. Therefore, if we divide the facial nerve, or have it destroyed by disease, in the human subject, the paralysis of the muscles of the ear is of no consequence. The patient never moved the ear before, and never requires to do so afterwards. This is not the case, however, with some of the lower animals, in which the movements of the ear are very extensive. It is not the case with the cat, with the rabbit, or with the horse. If you watch these animals, you will see how necessary are the movements of the external ear in enabling them to appreciate the intensity and direction of faint and distant sounds. So that although the facial nerve has no direct influence on the sense of hearing, yet indirectly it is very important as assisting in the accomplishment of the function. There is another very remarkable instance, in the horse,

of the indirect influence of the facial nerve upon the act of *respiration*. The horse is, in some respects, different from other animals, that is to say, he breathes through his nostrils only. We are in the habit of breathing through the nostrils to some extent, but we also can perform respiration through the mouth. This is the case with most of the lower animals; they generally, in ordinary respiration, cause the air to pass through their nostrils merely, but when hard pushed, they can breathe through the mouth also. In the horse, however, this is different. In him the larynx and opening of the glottis are in direct relation with the posterior nares; the larynx is so high up that there is no connexion between the opening of the glottis and the pharynx, and all passage of air through the mouth is cut off by the position of the velum pendulum palati. The horse, then, is able to breathe only through his nostrils. If you will watch the animal, even when in moderate motion, you will see the nostrils dilating very energetically, at each inspiration. Now if the facial nerves on both sides be divided, the nostrils consequently cannot expand, and we have a very different kind of respiration; the walls of the nostrils fall together, the animal cannot draw the air freely into his lungs, and the consequence is, death by suffocation.

The effect of injury of the facial nerve upon the human subject upon one side, which often happens in consequence of disease, is what we know as *facial paralysis*. The paralysis of the superficial muscles produces an alteration in the expression of the face. So far as regards the eye, you will notice of course at once, that the effect of the paralysis of the facial is entirely different from paralysis of the oculo-motorius. In paralysis of the oculo-motorius the eye cannot be opened, in paralysis of the facial it cannot be closed. In consequence of facial paralysis, the lower eyelid falls down, all the muscles upon the affected side are relaxed, while the muscles upon the sound side are in their full vigor; consequently the features are drawn over to the sound side, and the whole face is twisted in an exceedingly unnatural manner. You will find, on examining a patient affected with this disease, that in consequence of the paralysis of the orbicularis oris muscle, the angle of the mouth on the affected side remains open and hangs downward. This produces great inconvenience in eating and drinking, but more particularly in the reception of fluids. It is found that fluids cannot be retained upon the affected side, but dribble away through the open angle of the mouth, so that whenever the patient attempts to drink, he is obliged to use the hand in order to close the mouth. Another difficulty is in mastication. The muscles of mastication move very well, but there is a peculiar difficulty which results; after a certain amount of food is masticated, it accumulates between the teeth and the cheek. For the buccinator muscle, which is one of the superficial muscles of the face animated by the facial nerve, being paralysed, does not prevent the food from crowding its way into the situation that I have referred to. These are the most marked and important consequences which result in the human subject from paralysis of the facial nerve.

There is one other very remarkable fact, however, which has attracted the attention of physiologists of late years, and which is so important that I will speak of it during the few moments which remain to us. It has been noticed in certain instances that paralysis of the facial nerve was not only productive of a loss of power in the muscles of the corresponding side of the face, but it was accompanied by a peculiar deficiency in the power of *taste*, in the corresponding side of the tongue. It has been found that patients suffering from facial paralysis upon the right side, are not absolutely incapable of tasting, but the sense of taste is very much blunted. This we can ascertain by holding a small sponge between the blades of a forceps, and moistening it with a solution of some sweet, bitter, or sour substance, and then placing it upon the superior surface of the tongue. It is thus found that while the sense of taste in the anterior part of the tongue remains perfect on the uninjured side, it is considerably blunted on the side where the facial nerve

has been divided. Now a great deal of difficulty has been experienced in explaining this curious fact. There is, I believe, however, no doubt at present, that it depends upon some influence communicated to the tongue from the facial nerve by the chorda tympani. For you remember that the mucous membrane of the anterior two-thirds of the tongue is supplied exclusively by the lingual branch of the fifth pair; and that the only communication between this branch and the facial nerve is established by the chorda tympani. The chorda tympani is a very slender filament, which leaves the facial nerve, during its course through the aqueduct of Fallopius, crosses the membrana tympani, passes from behind forward, and emerges from the petrous bone, by a distinct foramen. It then continues its course obliquely forward and downward, and joins the lingual branch of the fifth pair. I have prepared a dissection, showing the course of the chorda tympani in this head of the sheep. In the preparation you will see this nerve as an exceedingly slender filament, passing in a curved direction through the petrous portion of the temporal bone, and joining the lingual branch of the fifth pair, in front and below. What is the particular influence exerted upon the sense of taste by division of the facial nerve, we are unable to say. The chorda tympani is evidently motor in its character. Whether its paralysis acts upon the mucous membrane of the tongue, by affecting certain organic muscular fibres in its substance, or by some modification of the vascularity of the part, it is impossible to determine. The fact, however, is undoubted. Now this circumstance, taken in connexion with the anatomical relations of the chorda tympani, may be sometimes of great service in enabling us to make a differential diagnosis in cases of facial paralysis. For if we have an instance in which there is a loss of power in the superficial muscles of the face, we know that the disease of the nerve may exist in any part of its course. The nerve may be inflamed, pressed upon by a tumor, or destroyed by softening, either exteriorly to the stylo-mastoid foramen, or within the bones of the cranium. Now if we find, accompanying the facial paralysis, a want or diminution of the sense of taste, in the corresponding parts of the tongue, then we know that the origin of the disease must be deep-seated. For as the chorda tympani leaves the facial nerve in the aqueduct of Fallopius, any injury below this point will not affect the sense of taste. Hence, when this sense is impaired, the injury to the facial must be either in the aqueduct of Fallopius, or, what is perhaps equally probable, in the interior of the cranium itself.

## Original Communications.

### DIFFICULT OBSTETRICAL CASES,

BY GEORGE T. ELLIOT, JR., M.D.,

PHYSICIAN TO BELLEVUE HOSPITAL AND THE LYING-IN ASYLUM, CONSULTING PHYSICIAN TO THE NURSERY AND CHILD'S HOSPITAL.

CASE I.—*Retention of Menses by an Imperforate Hymen—Operation—Death—Interesting Autopsy—Also a number of Illustrative Cases.*—(Reported by P. C. BARKER, M.D., House Physician.)

"Alice —, æt. 17, born in Connecticut, of delicate organization, was admitted to Bellevue Hospital, June 23d, 1860. She never enjoyed good health from her infancy. In July, 1859, she experienced her first menstrual effort, which was not attended by any discharge. The molimen has regularly appeared since, the flow never. The mother, and even physicians, to whom she applied at various times, attributed the absence of discharge to the general condition of the girl, and administered iron and emmenagogues of various kinds. These only served to increase her sufferings. After a time the periods were marked by bearing-down pains like those of labor, which progressively increased in severity, and awakened more and more constitutional excitement.



On Thursday, the 21st of June, the last effort began. She suffered more pain in the back, and the bearing-down pains were more than usually severe, keeping her awake all night. She passed water with some difficulty, and obtained a movement from her bowels. On Friday a physician was called, who prescribed something to quiet her sufferings and left. Short relief followed. Another sleepless night, no water passed. *Saturday morning.*—Two physicians called, who ordered salts and senna, and advised that she should be sent to the hospital. She was admitted in the evening (23d), having neither had a movement from her bowels nor passed a drop of water for forty-eight hours.

*Symptoms on Admission.*—Very restless, anxious, tossing and moaning with pain. Pulse 112, tongue slightly coated. Palpation discloses an abdominal tumor, hard and tense on pressure, and perfectly dull on percussion. Catheter introduced with little trouble, and fifty-three ounces of bloody urine drawn, after which the tumor could no longer be felt. She immediately fell asleep, and on awaking in half an hour had a very free discharge from the bowels.

The external organs of generation were not deformed, but the vagina was perfectly occluded by an imperforate hymen, rendering the introduction of the finest probe impossible. The finger in the rectum discovered that the vagina was so completely distended that no fluctuation could be detected. The accumulation seemed to fill the pelvic cavity. 12 P.M.—Sleeping quietly. 24th, 9 P.M.—Some pain in abdomen, relieved by catheterization. Thirty-three ounces of urine drawn off, which contained both pus and blood.

Dr. George T. Elliot sent for, who decided on operating after a careful examination; and in anticipation of the great danger to the patient, determined to make a very small incision, and allow the accumulation to drain away gradually. Choosing a pair of sharp-pointed scissors (by the advice of Dr. Gouley), he began to cut in the direction of the course of the vagina. The membrane was nearly half an inch in thickness. About four ounces of a tarry-looking fluid were allowed to trickle through a very small opening, when the patient was replaced in bed, and ordered Magendie's solution four drops, and oiled silk to abdomen. The administration of chloroform having produced hysterical symptoms, it was discontinued before the operation was commenced. 6 P.M.—Pulse 140; sol. morph. sulph. (Magendie) gtt. vii. 9 P.M.—Pulse 130; sol. morph. sulph. (Magendie) gtt. iv.

25th, 8 A.M.—A large quantity of menstrual fluid has drained away during the night; bladder had subsequently partially relieved itself;  $\frac{1}{2}$  vi. of urine drawn by catheter; pulse 120; feels better; has passed a comfortable night; still has a little pain; sol. morph. gtt. iv. 12 M.—Pulse 112; sleeps most of the time; vagina dilated by bougie. 6 P.M.—Pulse 120; gtt. iv. 11 P.M.—Pulse 120; gtt. v.

26th, 8 A.M.—Pulse 120; has slept most of the night;  $\frac{1}{2}$  xv. of urine drawn with catheter; discharge still continues. 3 P.M.—Injected warm water into vagina, to dilute the discharge, which still pours out. Nearly a quart in all must have escaped. Some pain; sol. morph. gtt. iv.; larger bougie introduced. 6 P.M.—Pulse 124; gtt. vi.; catheter regularly passed.

27th, 8 A.M.—Pain in abdomen, with nausea; some tympanitis; gtt. vi.; appetite, which has been very good, now failing. 12 M.—No pain; respiration scarcely affected; gtt. iv. 3 P.M.—Free movement from bowels, after which tympanitis less marked; some vomiting, but nothing of green color; pulse 104; gtt. vi. 10 P.M.—Pulse 128; gtt. vi.

28th, 8 A.M.—No pain, slept very well; passed water three times in the night, still not all discharged; menstrual fluid slowly coming away; gtt. iv. 6 P.M.—Has had a movement from her bowels; vagina now admits index finger; a tumor detected in the left iliac region, character of which is obscure; no pain; pulse 130. 10 P.M.—Pain, pulse 135; gtt. vi.

29th, 8 A.M.—Passed her water very well, but catheter

introduced to prevent an accumulation; pulse 120; gtt. iv. 3 P.M.—Fluctuation detected in the tumor of left iliac region. 9 P.M.—Restless; gtt. vi.

30th, 8 A.M.—Pulse 120; rather weak; vagina well dilated. 6 P.M.—Very little pain; gtt. iv.

*July 1st, 8 A.M.*—Comfortable, but quite weak; had a severe chill during the night, which lasted for an hour; solut. quinine sulph.  $\mathfrak{ss}$  ad  $\frac{1}{2}$  iv.  $\frac{1}{2}$  ss ter in die, beef tea, eggs, etc.; pulse 125.

2d.—Vaginal injection of a warm solution of the chlorinate of soda for foetor; pulse 120.

3d.—Injection repeated; continues much the same; gtt. iv.

5th.—No discharge from vagina; fluctuation distinct in left iliac region; urine still contains blood; treatment continued, with addition of brandy  $\frac{1}{2}$  ss. every hour.

6th.—No discharge from vagina; comfortable.

9th.—There has been no especial change. Lager beer was substituted for the brandy. Two severe chills to-day, lasting an hour each; has been talking of going out of late; has been up walking in the ward.

10th.—Quinine as before; pulse 125; some pain; gtt. vi. 12 M.—Feeling better, she sat up for some time to have her bed arranged, after which diarrhoea; has had four evacuations since 8 A.M.; ordered tr. op. camph.  $\frac{1}{2}$  i. after each discharge. 6 P.M.—No discharge from bowels since 1 P.M.; pulse 130, and quite feeble; brandy  $\frac{1}{2}$  j. and carbonate of ammonia gr. x. every two hours. 12 M.—No pain; has had two more discharges from the bowels; tr. op. camph.  $\frac{1}{2}$  ij.; brandy and ammonia as before.

11th.—No further movement of the bowels; pulse 132, very feeble; stimulants continued. 10 A.M.—Sinking; pulse barely perceptible. 11 A.M.—Died."

*Autopsy.*—Permission obtained with great difficulty, and only after a promise that nothing should be removed, and only the abdomen examined. Weather warm. Rigor mortis not very marked. Body moderately well nourished. Abdomen slightly tympanitic. On section no fluid escaped. Omentum firmly bound by adhesions in both iliac as well as in the supra-pubic regions. In the left iliac region, resting upon the peritoneum covering of the iliacus internus muscle, was a collection of pus, not exceeding a drachm in quantity, shut in by walls, composed of omentum and fibrine. The intestinal serous coat was polished and smooth, and not covered with exudation, excepting a portion of the upper part of the ileum, and sigmoid flexure of the colon. The portion of the ileum referred to was adherent to the fundus of the bladder, and presented perforations which corresponded with some of many small perforations which riddled the fundus of the bladder. The vesical mucous, and muscular membranes were softened, and the color very deep. The viscus seemed to be undergoing disintegration. Right kidney contracted and fatty; pelvis and ureter greatly distended, and containing pus. Left kidney large and fatty; ureter and pelvis normal. The sigmoid flexure of the colon was bound down by adhesions, and presented a patch of about two inches in its long diameter where the tissues presented a gangrenous appearance and several perforations. The uterus measured about four inches in length, its os and cervix fully dilated. Os internum not, however, obliterated. Arteries very distinct. Uterine sinuses presented no abnormal appearances on section. Uterine orifices of Fallopian tubes not dilated. The left Fallopian tube, at about the distance of one inch from the uterus, terminated in a mass formed from the organs contained in the left broad ligament, but so transformed by disease as not to be separable in the limited time afforded by the exigencies of the case. Right ovary the subject of unilocular cystic degeneration, the cyst being about an inch and a half in the long diameter. Other organs not examined for the reasons given.

*Remarks.*—The extraordinary results of this post-mortem examination lend the deepest interest to this case, and make it, I believe, one of the most remarkable on record. It never occurred to me that the fluctuating tumor in the

left iliac region, detected on the 28th, was the product of the peritonitis, though I now believe it was due to pus inclosed by peritoneal adhesions. Whether the diarrhoea was produced by the discharge of this pus into the colon may be surmised, but cannot be positively predicated; nor could we have anticipated the perforations through the fundus of the bladder and the portion of ileum thereunto attached, unless, possibly, from much more thorough microscopic examinations of the urine than were made. With such post-mortem evidences of peritonitis as we found, it is pretty certain that a high grade of general peritonitis must have yielded to the treatment employed. Those reading the record of the case, however, can scarcely appreciate the comparatively satisfactory condition of the patient in all respects, except the urine, for some days before the 10th. She felt able and willing to leave the hospital, and her mother proposed to take her out. So much better had she progressed than was apprehended, both from the extreme danger which always attends these operations, and from the other complications existing, that my very unfavorable prognosis was much modified; and I was neither prepared for the sudden termination nor for some of the strange revelations of the autopsy. Simple as such an operation as the division of this hymen was, I yet believe that the smallness of the incision made, and the consequent slow escape of the retained menstrual fluid, was wise, and I think that I would operate in the same way in the next case. An important practical reflection in this case and many similar ones, is the neglect of proper vaginal examinations by the physicians who had seen her before her admission to the hospital. A number of instances have come under my observation, in which much mental unhappiness and physical suffering have been allowed to continue which could have readily been relieved by intelligent examination; and the converse of the proposition is equally true.

CASE II.—A lady from a neighboring city came under my care for great suffering in passing water; the vulva was found to be much inflamed, the seat of aphthous ulceration, and sensitive beyond measure. She menstruated, but informed me, that although married some years, she never had complete connexion with her husband, on account of "deformity;" that she had consulted a physician shortly after her marriage, who told her that she was deformed, and that there was a "bony obstruction." I took Dr. E. Lambert, then one of the House Physicians in Bellevue, to the case, and he kept her under the influence of chloroform, while I introduced a full-sized speculum, and disclosed a well formed vagina and uterus.

CASE III.—A gentleman, powerfully built and healthy-looking, asked me to visit his wife, to whom he had been married eighteen months without ever succeeding in having connexion, stating, also, that two physicians had prescribed for her unavailingly. She menstruated. On seeing her, my first impulse was to say, "You don't wish any children," to which she gave instant assent, as she thought that she would die in childbirth. An examination disclosed a well-formed hymen, through which I introduced a tiny speculum, not large enough to rupture the membrane, and left with the idea that no further advice would be required. But as nothing had been effected by the next day, I put her under chloroform, and introduced a full-sized speculum, the husband (who was present, and difficult to convince) objecting dolefully to one of less size, as inconclusive. She was subsequently safely delivered of a fine child, and has since applied to me to know whether she was again in the family way. Much unhappiness might be saved to many married couples, if their physicians would always give them fuller advice than is frequently given where there is embarrassment on one side and remissness on the other.

CASE IV.—I recollect hearing a physician of high rank in Dublin, say that a couple in England, wealthy, and desirous of an heir, came finally to him, when he found them both well formed, but prevented from effecting intromission by religious scruples regarding proper guidance of the male organ.

CASE V.—Dr. Perry brought me a patient, married for some time, who believed herself deformed, from the fact that connexion had never been effected. She was a perfectly well formed virgin.

CASE VI.—A young girl of nineteen, perfectly well developed, but who had never menstruated, was brought to me by a married sister who had never been pregnant. An examination disclosed a well formed vulva, hymen, and vagina, with a little, undeveloped uterus. My opinion was required regarding the propriety of marriage, and I gave it favorably, provided the lover was informed, as it was not impossible that the uterus might develop subsequently to that event. I have always regretted that I did not ask the sister to allow me to examine her, and ascertain whether her barrenness was due to a similar arrest of development.

CASE VII.—I remember a married woman in Velpeau's wards, whose husband had made quite a deep cul-de-sac by the side of an unruptured hymen, which le père Velpeau had to divide with a knife.

CASES.—I have operated successfully in young children, several times, for an occlusion of the vagina at the orifice, which would probably have resulted in permanent obstruction to menstrual flow. Indeed, without narrating more cases, enough has been said to illustrate the necessity for judicious exploration of these organs where health or happiness is at stake; and indeed the great majority of well-formed hymens will allow the careful introduction of the index finger, well oiled, and pressed against the urethra, without injury to structure; while in many patients who have leucorrhœa, or profuse menstruation, there exists an amount of relaxation which will admit readily of uterine diagnosis and topical treatment. Still, physical exploration is always a disagreeable alternative.

CASE VIII.—*Presentation of Nape of Neck and Shoulder—Version—Blunt Hook—Still-born Male Child—Recovery from Peritonitis (Metro-Peritonitis?), Pleurisy and Dysentery, and subsequent Death of Mother.*

Bridget Nugent, aged 22. Third confinement, April 22d, 1859, Lying-in Asylum. Duration of labor, sixty hours. Dr. Cock and I saw this patient at the request of Resident Physician, Dr. Wilson, and recognised an under-sized conjugate diameter, which might, however, reach three and a half inches. When seen, the waters had been evacuated fifty-three hours, and no foetal heart was audible. The presentation was obscure; it was either a nates or a shoulder; one limb attached thereto could be made out, and it was decided to draw it down for confirmation of the diagnosis. The patient having been brought under chloroform, I succeeded in doing this, after fracturing it at the commencement of my manipulation, when it proved to be the right arm, with the palm directed anteriorly when the radius and ulna were in the same plane, showing that the abdomen was directed anteriorly. On the withdrawal of the arm, an escape of very offensive discharges occurred. I then introduced my left hand, and reached a foot, which I could not bring down. The impediment was found to be the head, which was flexed in a most exaggerated manner, the chin far down on the breast bone, the head thus occupying the hypogastric region, and the nape of the neck being one of the presenting parts. I proposed to fix the head by a blunt hook passed over the neck, and then to perforate and deliver by cranial version. Dr. Cock preferred podalic version, and brought the left foot to the vulva. Unavailing efforts were then made by both of us to complete the version, which failed, although Dr. Cock so arranged a fillet as to enable it to bear his weight. After this, we both used traction with craniotomy forceps, until the foot and malleoli were crushed. I then exhausted myself in successfully pushing the head up on the left side of the uterus, when Dr. Cock brought down the right foot, and delivered to the umbilicus, when he yielded from fatigue, and I succeeded in completing the delivery, though only with the blunt hook in the mouth and fracture of the jaw.

*Remarks.*—In our experience an exactly similar case has never occurred, nor can a more difficult case of version be

met with than this proved to be. It is possible that an original head presentation was converted into one of the right shoulder and nape of neck, from failure of the head to dip within the somewhat contracted brim, and thus passing up on the anterior wall of the cervix, so as to become flexed on the chest in an extraordinary manner, as could be demonstrated after delivery. This flexion became increased possibly by flexibility of the articulations after the child's death. (No post-mortem examination for fracture or dislocation.) The region over the right acromion process and spine of scapula then became so enormously swollen, as to obscure their distinctive features. The operation was one of the extremest difficulty, on account of the contracted pelvis, the very great length of time (fifty-three hours) since the waters were evacuated, the size of the male child, and the extraordinarily wedged position of the head, which so long defied our efforts for its dislodgement.

*Subsequent History of Case.*—The following report is furnished by Dr. Wilson, Resident Physician of the Asylum, who attended the patient. I saw her two or three times, and had an opportunity of confirming the diagnosis of pleurisy and the physical signs of phthisis.

"After delivery patient weak and feeble, gave brandy and ergot until the uterus contracted well, and then grt. xx. of Magendie's solution of morphine. April 22d, 9 A.M.—Pulse frequent and small, two grains of opium every four hours. 12 M.—Pulse 90, comfortable, passed water with difficulty, spts. ather. nit. dulc. 6 P.M.—Pulse increasing, tr. verat. vir. four drops every four hours. Midnight.—Pulse 100. 23d, 9 A.M.—Pulse 120, discharges offensive, tongue dry, skin hot, tr. verat. vir. five drops and four grains of opium every four hours. Noon.—Pulse 98, full and bounding, face flushed, four grains of opium every three hours—verat. vir. as before. 7 P.M.—Pulse 76, soft, gentle perspiration, tongue moister, considerable tenderness over the uterus; complains of pricking sensations over the body. 24th, 9 A.M.—Slept a little during the night, pulse 80, pain over epigastric region, tongue coated brownish yellow, respiration about normal, passed water freely, discharge free. Noon.—Pulse 100, skin moist, tenderness and tympanitis. 3.30 P.M.—Pulse 104, bounding, skin dry, tongue dry, more tenderness, five grains of opium every three hours, verat. vir. six drops every four hours. 7 P.M.—Skin dry, pulse 98. 25th, 1 A.M.—Pulse soft, skin moist. 9 A.M.—Has slept a little, feels sore, but no pain, pulse 84, discharge free, not so offensive. 9 P.M.—Has passed a comfortable day, pulse 90, soft, very little tenderness, skin moist, lochia and milk free, small doses now of opium and veratrum viride. 27th.—Has been doing well, tongue cleaning, pulse 90, skin moist; but the window having now been left open, she had a chill, and at noon pulse 100, bounding; four-drop doses of verat. vir. opium increased. 2 P.M.—Pulse 110, face flushed, skin dry, secretions arrested, some tenderness, five grains of opium and three drops of verat. vir. 4.30 P.M.—Pulse 100, free perspiration. 5 P.M.—Four grains of opium and four drops of verat. vir. 7.30 P.M.—Pulse 78, soft, skin moist and full, comfortable, medicine to be continued p. r. n. 28th, 6 A.M.—Stopped treatment, doing well. May 2d.—Dysentery and typhoid symptoms threatening, brandy and quinine, bowels controlled by injections. 4th.—Doing tolerably well. 5th.—Four or five evacuations, watery, brown in color. 6th.—Eight evacuations in the night, yellow, curdy, offensive, much prostrated. 7th.—Better. 8th.—Three or four a day, mucus slimy, tinged with blood, tongue glossy, pulse 100, and feeble, much pain from swelling over the seat of the parotid gland, matter subsequently formed and was evacuated. 9th.—Feeble, bowels less frequently moved, grt. xxx. tr. opii and nourishment. 10th.—About the same. 11th.—Evacuations more frequent, ordered a mixture with the extract of logwood. 12th.—Bowels moved only once last night. 15th.—Has continued to improve, but now presents the symptoms of inflammation of right pleura, which was promptly checked; cough continuing, examination disclosed physical signs of phthisis. 26th.—Has continued gradually to improve; insisted on leaving the asylum to

return to her husband in spite of Dr. Wilson's urgent remonstrances. 28th.—Has been doing well at home until about noon, when she was seized with difficulty of breathing, and died very suddenly; no post-mortem allowed, and no physician with her at the time."

CASE IX.—*Oblique Cranial Presentation from Left Uterine Obliquity—Forceps—Perforator—Mother did well.*

Catharine Regan, aged 27, second confinement, thirty-three hours in labor, female child. This patient was delivered in the New York Lying-in Asylum May 12, 1859. When first seen by my colleague, Dr. Thos. F. Cock, and myself, the uterine tumor was very obliquely inclined with the fundus to the left side, and the child's head was pressed firmly against the right linea ileo-pectinea and the iliac fossa. Exact position obscured by the caput succedaneum. Brim somewhat undersized, as the promontory could be too readily reached. Patient in an excellent condition, foetal heart audible.

The alternatives of version, the lever, and the long forceps, having been carefully considered, it was decided to keep the patient on her right side, and retain the uterine axis in correspondence with the long axis of the body by a bandage and compress, in hopes that the leverage thus exerted might dislodge the head, and permit its descent. In the event of this not occurring by the morning, the consultation was to be summoned again. On the following afternoon we were called by the resident physician, Dr. Wilson, and at 8 P.M. Drs. Borrowe, Cock, and myself arrived. Dr. Lee Jones was also present. At this time the head had moved from the right iliac fossa, but was firmly pressed against that side of the brim. Caput succedaneum very large. Foetal heart now inaudible, though Dr. Wilson had heard it at 5 P.M. Under these circumstances it was decided to attempt delivery with the forceps, room for which could only be obtained in front of the right sacro-iliac synchondrosis, and behind the left acetabulum. I then applied my forceps, carrying the first blade directly to its position without the customary spiral sweep (which would have been impossible in this case) and used every effort to advance the head without effect. When all were satisfied that such attempts were fruitless, I perforated the head. Great difficulty was experienced in withdrawing the head even after complete evacuation of the brain, and the blunt hook was necessary for both shoulders, nor did the pelvis pass without assistance. Placenta came away readily. No hemorrhage, and the patient made a good recovery. Profound anæsthesia kept up during the operation by chloroform.

## Reports of Hospitals.

### BELLEVUE HOSPITAL.

#### DELIRIUM TREMENS IN A PUERPERAL WOMAN.

[Reported by W. C. FERGUSON, M.D., House Physician.]

MARY M., æt. 26, native of New York, was admitted to the Hospital Oct. 2, 1860. Had previously been treated in the institution for delirium tremens, which fact established her character for intemperance. For some months had been residing in the country not far from the city. On 27th Sept., having reached the third month of her second pregnancy, from some cause which she was unable to assign, she aborted. She stated that she had considerable post-partum hemorrhage, by which she was much enfeebled. This did not, however, prevent her from coming to the city on the 29th, where, meeting with kindred and convivial spirits, she drank freely, and continued to do so, until the day previous to her admission. When seen, she presented the following symptoms. Anæmic, though rather full habit, tongue large, moist, white, and tremulous, indentations of teeth perceptible in both edges, pulse 108, great deal of muscular tremor, was rational, but started suddenly, and



became very much frightened when a door was forcibly closed, or any such noise made; complained of great dizziness in the head. On examination of the chest, a few mucous râles were heard; natural resonance preserved; abdomen enlarged, very tympanitic everywhere, except over the uterus, where a tumor could be felt, and dimensions ascertained by percussion, extending nearly to the umbilicus. Patient evinced a good deal of tenderness in the hypogastric region; lochial discharge present. When her urine had been voided, the hypogastric fulness was much diminished. The uterus could then be felt enlarged. Ordered the following: R. Sol. Magend. gtt. xv., also ʒj. of brandy in form of milk punch; after which, at intervals of three hours, ʒss. in same form. Sol. Magend. to be repeated every one and a half hours, unless patient slept. Stupes over seat of abdominal tenderness.

Oct. 3, 10 A.M.—Had slept but little; falling into a doze and awaking frightened. Pulse 108, weak; tongue moist; still tender over the uterus; tympanitis not diminished. Is unable to elevate her head on account of the dizziness; considerable tremor of the muscles still. R. Sol. Magend. gtt. xx., and if not asleep, dose to be repeated at twelve o'clock; beef-tea ad libitum; ess. menth. pip. ʒij., to relieve tympanitis. P.M., 7 o'clock.—Had rested well for an hour or more. Pulse not diminished in frequency, and weak; more irritable; not so much tympanitis; tenderness over uterus subsiding; the organ itself of much less volume. R. Sol. Magend. gtt. xx., to be repeated at intervals of two hours, until three doses had been taken, unless sleep was procured; milk punch continued.

Oct. 4, A.M.—Had slept but little; during most of the night was in a state of active delirium, accompanied with ocular delusions incident to the disease; pulse 100; skin moist; is rational. R. Sol. Magend. gtt. xx., also the following, B. formyl. ter-chlorid. ʒj., cinchon. tinct. ʒij. M. Dose, two teaspoonfuls every two hours, during the day only. 7½ P.M.—Delirium active, getting out of her bed, and endeavoring to leave the ward. Transferred to the cells for safer keeping. R. Tinct. opii, gtt. xxx., every hour and a half, until three doses should have been taken, if patient did not sleep.

Oct. 5.—Slept more than on any previous night; still somewhat delirious; pulse 96, but very weak; ate an egg for breakfast. Continue the chloroform during the day; brandy discontinued; take beer at breakfast and dinner; dry cups to the back of the neck, to relieve the unpleasant sensation of the head.

Oct. 6.—Pulse 96, feeble; still some delirium; slept two or three hours during the night; head relieved. Oct. 7.—Better; pulse 90, fuller; patient very weak; rested quite well. 10.—Pulse 88; converses rationally; delirium entirely subsided; appetite improving; considerable uterine hemorrhage. R. Ergot tinct. ʒj. every half hour, until given three times; also to use sat. sol. aluminis as injection. 7½ P.M.—Hemorrhage was readily arrested. Oct. 11.—Slept during entire night. Continued to improve until 16th, when she was discharged by request.

## NEW YORK MEDICAL COLLEGE.

### PROFESSOR GARDNER'S OBSTETRICAL CLINIC.

February 6, 1861.

#### REMARKS UPON ENDO-METRITIS, EMPYEMA, AND THE SIGNS OF PREGNANCY.

CASE I.—*Endo-Metritis*.—This patient was present at the clinic formerly reported. The Professor drew the attention of the class to the appearance of the os tincæ. From it there was little or none of the limpid, stringy, albuminous discharge exuding, so profuse at the previous examination; the os was less full and congested. A stick of nitrate of silver was thrust into the cavity of the cervix an inch and a half, and she was directed to come again in two weeks, as menstruation would be present at the time of the next

clinic. The professor stated that on her next appearance there probably would on that account be an aggravation of all her local symptoms, that the menstrual hyperæmia would leave the parts more inflamed than before, with more redness, secretion, etc. The physician should not be discouraged at this, but recognise it as a normal condition, and not a consequence of inappropriate treatment; and he should forewarn the patient of this almost constant result of menstruation, particularly if it should chance to happen shortly after the first application, lest she get the idea that she was injured instead of benefited by it. Indeed the patient should always be told that for a day or two after the application of caustics to the cervix, and especially within it, they should anticipate marked increase in the local symptoms, perhaps quite severe pain, possibly slight hemorrhage; and by the end of the second day, increased discharges of serous material, with something resembling skins, that is, the coagulated flakes of albumen, mixed among it.

CASE II.—*Empyema of the Left Pleura following Labor, of four years' standing*.—This patient, upon removing the clothing, showed several openings in the side and back below the breast, from which laudable pus was freely escaping, and the cicatrices of several closed openings. She gave the following history. I have lived in Trenton, N. J., am about 30 years of age. Four years next April I was delivered at full time, when on the third day, at about the time of secretion of milk, I was exposed, from the cooling down of the room which had previously been too hot, and caught a severe cold, giving me pleurisy in the side. The baby died; I had no milk, and was very sick with high fever, pain in side, obstructed breathing, slight cough and without sputa, etc., for a long time; I have never menstruated since. My left side gradually grew larger, and finally my chin touched upon my breast, an abscess formed under the left breast, grew red and soft, and in July following it was lanced by Dr. Colman, of Trenton, and four quarts of pus taken out. Ever since that time it has never stopped flowing from one or the other of these holes.

The Professor stated that this was a very remarkable case in several points of view, and called upon the members of the class present, who had heard as much about the case as he, for a diagnosis. One stated that it was empyema. Yes, he continued, there can be no doubt in regard to it; the extraordinary quantity of pus which escaped at the puncture near the margin of the left floating rib, the orifice now closed, made it evident that there had been no mistake in the diagnosis. It had been pleuritis, and the inflammation of the pleura had gone on to suppuration, the formation of pus, or empyema. The protrusion of the intercostals is considered to be the most certain sign by which this may be indicated, for this symptom is rarely seen even in very copious effusions of non-purulent matter, while it is generally seen even when the quantity of pus is comparatively small. Those who have attended our large hospitals must have frequently noted this fact, and the treatment peremptorily called for, viz. paracentesis thoracis, and the withdrawal of the pus, which very rarely is absorbed. Dr. Colman, of Trenton, I know to be a very judicious practitioner, and very possibly, as is often the case in country practice, he had not seen the patient as often as might have been desired, or the actual disease might have been masked by other symptoms. At any rate, you will long remember this case, and with it remember, that where the diagnosis is undoubted of empyema, the operation should be speedy.

Left to itself, this disease terminates by absorption rarely; by the pus breaking through the lung in several places, and emptying finally into the bronchi, when it is expectorated, this soon becomes fetid from the entrance of the air, and is generally fatal; by perforating the diaphragm, very rare; and finally by opening a way through the walls of the chest, sometimes by absorption of the ribs and vertebrae.

The case before us is the first one that I have seen of this description, probably for the reason that at the present

day, few cases are allowed to progress to this point before they are interfered with and punctured with a trocar. It is, however, remarkable also from the fact of the quantity of the fluid which was drawn off, and which must have filled up the whole chest, and obtruded upon the other; secondly, because the patient still survives, after nearly four years' constant flow. This case, as well as that of our venerable and much beloved friend, the ornament of our profession, Dr. J. W. Francis, who has for nine weeks survived the exhausting effects of profuse suppuration of several carbuncles, boils, abscesses, etc., shows the effects of a good constitution. This does not depend upon self entirely, although *fast living*, such as too many medical students are prone to, may destroy the best constitution. Bodily stamina depends upon vigorous ancestry. Two things you may leave to your children—an unspotted name, and blood free from a taint telling no creditable story. This patient's family were not scrupulous—had they been, she would not now be here. It is only this vigor which has sustained her.

Now for the *treatment*. The suppression of the menses is an unimportant matter. Nature has enough to do to provide for this constant flux without attempting to establish this function. When strength and vigor are restored this will also be re-established. In regard to the ulcerations: some ignorant quacks may propose to heal up these fistulous openings. Such a procedure would be more than foolish, probably fatal. The pus would be secreted and retained, again to excite general disturbance, again to break out. The pus comes from a distance. The probe, as you see, passes its full length under the integument. Where the opening into the pleural sac is, it will take more time to discover. It may be desirable to make a nearer opening, perhaps to make injections of pure water, iodized or brominized solutions, into the pleural sac, to stimulate it to granulation, and thus effect a closing of this abscess from the interior. All medication is to be limited to tonics, appetizers, and stimulants, if requisite. The patient should seek for the best hygienic conditions—first, pure air. She has left the pure air of the country, and come to this city—the healthiest city in the world, notwithstanding that our blind city fathers (who, like the dead, always have a dollar upon their eyes, closing them to right motives) have, by cutting down its hills, interfering with its water-courses, and leaving its gutters and sewers filled with putrefaction, done all they can to vitiate its naturally pure air. The patient may, perhaps, not find the more equable air of the city injurious during the cold weather; and during the summer she had better alternate between the country air and the invigorating breezes of the sea-shore, as she says she is enabled to do. For food, the best beef and mutton freely, twice or even three times a day; ale, porter, or sound spirits in moderation. She is well enough to take exercise freely on foot; she should do so. She should keep good hours, avoiding excitements, whether of the crisis, religious, or domestic; avoid crowded assemblies; in short, do all that she can to make herself vigorous and healthy, trusting to the recuperative powers of nature to carry her through this trial.

**CASE III.—Suspected Pregnancy.**—The patient, who has just gone out, complains that her menses have been arrested for some months. She strongly asseverates that "she knows not man." She says she is "but a young girl," and that she is thirty years of age. From the firmness with which she clasped her knees, a satisfactory vaginal touch could not be instituted, yet the finger well introduced did not arrive at the cervix, neither was there any impediment to its passing into the vagina, which would easily admit a large speculum well oiled, and the patient did not resist—an unusual circumstance in a virgin. The abdominal touch elicited nothing, as the abdomen was tense with the straining of the muscles. The breast you saw. You noticed that the nipple was developed and protruded; now this might have been the effect of the excitation connected with the examination previously instituted.

In women of this class such a thing is not uncommon, and should be recognised on making a diagnosis. The same may be said of the *carunculae myrtiformes*, which are also composed of erectile tissue. The discoloration of the areola is not, however, thus transitory. You have been taught that this is a sign of pregnancy. Do not look upon it as infallible. There is but one infallible sign by which you can be *positive* of its existence, viz. the beating of the foetal heart. This discoloration, not so much a darkening as a turning of its roseate tint to a light brown, is often seen—although books of instruction are not very full upon the point, if they ever mention it—as an accompaniment of amenorrhœa, and indeed of many forms of uterine irritation. Sometimes, indeed, the described rosininess is never present, therefore, be slow to judge harshly. Give the patient the benefit of the doubt. She will come here at a future day, when we may be enabled to make a certain diagnosis; meantime I will order her a single pill of aloes and iron at bed-time. If pregnant, it will not be powerful enough to interfere with the natural functions; and if not, it will assist the powers of nature.

## American Medical Times.

SATURDAY, FEBRUARY 16, 1861.

### THE STATE MEDICAL SOCIETY.

SCIENCE is a powerful inductor to fraternization among its cultivators, and in every progressive or experimental department of knowledge fraternal association affords at once the best evidence and the surest means of advancement. In the promotion of Medical knowledge and its humane applications the benign influence and utility of voluntary scientific associations are most happily illustrated.

The Fifty-Fourth Annual Meeting of the NEW YORK STATE MEDICAL SOCIETY, which was last week held at Albany, impressed us, as all its later anniversaries have, with the spirit of progress and permanency that characterizes this leading State organization of the Medical profession. And as we may see in this long-established Society the types and shadows of many things both good and evil in the Medical profession and its central Associations, our readers may be pleased with a few brief comments upon the practical operations of this ancient and honorable body.

Organized but two years subsequently to the foundation of the Royal Medico-Chirurgical Society of Great Britain, and having in view objects and results not less definite or important, the NEW YORK STATE MEDICAL SOCIETY has scarcely failed to equal the usefulness and dignity of the latter Royal organization. Indeed the peculiar necessities, noble efforts, breadth of plan, and purity of purpose that marked the early institution of our State Society, as well as the results of its operations, give to it a truly royal character. It was not solely for purposes of science or medical progress, abstractly considered, that this Society was organized. An exalted philanthropy was the first moving cause that induced this central organization of medical men in the Empire State, and that philanthropy alone procured the Medical Act of 1806 under which the State and County Societies were ushered into existence.

As early as the year 1796 vigorous efforts were made to induce a fraternal association of all true physicians in certain districts of the State; and in the year 1805-6 we find the physicians of Saratoga, Montgomery, and Washington counties uniting in council upon the subject of improving the practice of medicine and preventing the incursions of empiricism and the dangerous practices of ignorant pretenders and quacks. At a public meeting held at Ballston, November 7, 1805, it was declared that "the wish of the meeting is, to procure from the Legislature of the State their sanction to a Medical Society;" and on the 16th of January, 1806, at another public meeting, a Memorial to the Legislature was reported, adopted, and signed, and by the hands of Drs. John Stearns, Asa Fitch, and Alexander Sheldon, transmitted to the Legislature. Violent and unscrupulous opposition was made by the horde of mountebanks and quacks that then gloated upon and augmented the maladies of the people. They regarded any recognition of the necessity of scientific knowledge and skill in the healing art, as a doom to their ill-gotten gains. But under the inspiration of humane and lofty sentiments from such distinguished advocates as the Hon. Dr. Sheldon and the Hon. William Van Ness, the State of New York placed its statutory seal upon the Act for Incorporating Medical Societies, and before another year had passed there had been organized about twenty County Medical Societies, and a central State Society. From that early day to the present these associations have grown in strength and usefulness.

Based upon the simplest principles of representation and union, the authorized organizations of the medical profession in New York have continued to grow and prosper. Their general usefulness is continually increasing, and probably no other State in the Union is favored with a better plan for such organizations. But from several years' observation of the practical workings of our State Society, and with none than agreeable reminiscences of its anniversary gatherings, we feel warranted in suggesting that greater vigilance and faithfulness be exercised by the county societies and other primary associations and institutions in selecting and duly accrediting their representatives for the central Society; and also that each primary body should make itself responsible for some portion of the work undertaken by that society, and when any momentous question is to be considered, the delegates should be selected with special reference to their ability to act discreetly with reference to those particular subjects. This suggestion may properly apply to all the representative bodies of the profession, especially to the delegations that make up the American Medical Association. Great issues and vexed questions, from time to time, must demand the action of both the National and the State Associations, and then it is that men for the occasion and the hour are needed. At the late gathering of the State Society at Albany the subject of a Commission of Lunacy was again presented as at the two previous anniversaries, and none could deny the paramount importance of the subject; but how few counties selected or instructed their delegates with reference to it. The Society was called upon to recommend and urge the passage of an act that provided for a single Commissioner of Lunacy who should also be an Inspector of Almshouses for the great State of New York with its four million inhabitants! How many of the delegates at that meeting had so examined the subject of

lunacy as to be qualified to act or speak intelligently upon this question? Fortunately there were a few gentlemen present who had thought upon the subject, and a wise direction was given to it. We do not mention these facts invidiously, but suggestively.

Another suggestion might profitably be heeded regarding the reading and discussion of papers and reports in this and all other large associations. In order to expedite business, and do full justice to all, properly prepared abstracts should take the place of protracted readings. The time of a large company of delegates from the ranks of busy practice is infinitely precious, and ought not to be wasted in listening to needless details and long speeches. Finally, it is as desirable as it is obligatory that in reference to any great question of medical or hygienic improvement these representative bodies of our profession should be "first pure, then peaceable," united and harmonious. There certainly is no necessity for notorious differences among doctors. Why should the discussions upon medical education, and other important measures in the National Association, or the proposition for a Lunacy Commission, and other means for promoting State hygiene by the State Society, be made the occasions for acrimonious debate, when the very spirit of our profession calls us together for counsel and conciliation? The most charitable view we can take of such needless differences would attribute them to ignorance, conceit, and selfishness.

But a truce to criticism. Of the N. Y. State Medical Society it may be truly said that the exalted and philanthropic animus of the profession has never failed to harmonize and subdue all differences. The medical profession of New York, and the entire profession in our country, are strongly bound together, and most effectually fraternized by means of voluntary and legalized associations. In the American Code of Medical Ethics the profession has a law unto itself that is nobler, purer, and more enduring than the State could provide or any statutes enforce. No other country presents such completeness of representative councils and union of interests, among its physicians. To the Medical profession of New York belongs the honor of having taken the lead in founding the National Association of Physicians, and to our State and County organizations pertains the credit of maintaining a model system of professional association.

#### THE WEEK.

The annual meeting of the State Inebriate Asylum was held in this city on the 4th instant, when the following officers were elected for the ensuing year:—John W. Francis, M.D., LL.D., of New York, President; Hon. W. T. McCoun, of Long Island, Vice-President; Hon. Josiah B. Williams, of Ithaca, second Vice-President; J. H. Ransom, of New York, Treasurer; J. Edward Turner, of New York, Corresponding Secretary, and T. Jefferson Gardner, of New York, Register.

Applications to the number of 4,310 have been made from every state in the Union, and from every county in this state, for admission as patients to this institution. The asylum, which will accommodate four hundred patients, will be ready for occupancy in the fall. The funds of the institution have been contributed by almost every town and village in the state, and the services of agents, officers, and trustees have been gratuitously rendered. The following resolution was adopted:



*Resolved.* That this Board appoint Thomas W. Olcott, Thomas C. Brinsmade, and J. Edward Turner, as a committee to urge upon the Legislature the importance of the immediate passage of the bill entitled "An act for the relief of the New York State Inebriate Asylum and for other purposes."

This "act of relief" is asked merely to authorize the institution to issue bonds, based upon their lands, to the amount of \$60,000, and does not contemplate the solicitation of funds from the State.

A BROOKLYN paper, under the caption, "Our Peerless City," indulges in a glowing strain of eulogy upon the natural beauties, social refinement, and incomparable growth of that city. This writer has, however, overlooked one item in the account which insures to Brooklyn, beyond question, the title of the "Peerless City." We refer to the great annual mortality of its inhabitants, and especially children. We have before us the *Annual Report of the Health Officer* of the city of Brooklyn, for the year 1860, from which it appears that the mortality of the past year, one of the healthiest on record, was 1 in 36.7 of its population, while of those dying within the limits of the city more than two-thirds were children! The following comparison of the death-rates of several of the principal cities to which we can at this moment refer (omitting New York) proves that Brooklyn is eminently entitled to the appellation peer less:—

Brooklyn, annual mortality,	1 in 36.7 of population.
Boston, " "	1 in 48 " "
Providence, " "	1 in 52.9 " "
Philadelphia, " "	1 in 51 " "
Baltimore, " "	1 in 50 " "
Chicago, " "	1 in 52 " "

THE friends of the late Dr. C. E. Isaacs are about to erect a monument over his remains at Greenwood Cemetery. The Committee in charge of this matter are, Drs. VAN BUREN, J. T. METCALFE, and J. G. ADAMS, of New York, with Dr. J. M. MINOR, of Brooklyn.

It is our melancholy duty to record the death, during the past week, of one of the most eminent members of our profession—JOHN W. FRANCIS, M.D., LL.D. DR. FRANCIS had been suffering severely for several weeks from carbuncles, which so prostrated his system that painful apprehensions were entertained of an unfavorable result. These fears were somewhat relieved by an improvement in his symptoms, and strong hopes of his recovery were expressed by his physicians, Drs. MOTT and KISSAM. But it soon became evident that this amendment was only temporary. His vital powers now began to yield rapidly to the long continued depression of an exhausting disease, and the fatal issue was anticipated with unfeigned sorrow by the profession. DR. FRANCIS died at his residence in East Sixteenth street, at three o'clock, on Friday morning, February 8th, in the seventy-second year of his age. The funeral services took place at St. Thomas's Church, on Sunday, the 10th inst., and were largely attended by the medical profession and a vast concourse of people. The remains were interred in Greenwood Cemetery. We shall give a biographical sketch of this distinguished physician in our next week's paper.

WE are informed that Dr. H. W. Baxley, of Baltimore, does not intend to take up his residence in California, as noticed in a previous number.

## Reviews.

ON DIABETES, AND ITS SUCCESSFUL TREATMENT. By JOHN M. CAMPLIN, M.D., F.L.S. From the Second London edition. New York: S. S. & W. Wood, 1851, pp. 87.

THE author of this work suffered in his own person the disease which he describes, and the work is chiefly interesting for the narrative of his own experiences in dieting and medication. His chief reliance on the recurrence of attacks has been on bran cakes, of which the following is the formula:—Take a quart of wheat bran, boil it in two successive waters a quarter of an hour, each time straining it through a sieve; then wash well with cold water on the sieve until the water runs clear; squeeze the bran dry in a cloth, and place it in a slow oven spread thinly on a dish, and leave it until perfectly dry and crisp; it must now be ground in a fine mill and sifted through a wire sieve so fine as to require a brush; what remains is to be re-ground. Take of this bran powder three ounces, three new laid eggs, one and a half ounces of butter, half a pint of milk; mix the eggs with a little of the milk, and warm the butter with the other portion; then stir the whole well together, adding a little nutmeg, ginger, or other spice. Bake in small tins, which must be well buttered, in a rather quick oven for half an hour. Care is enjoined in washing and drying the bran, as by that means it is freed from starch, and rendered more friable. MR. C. states that this diet, with meat, cheese, &c., always relieved his attacks at once.

## Progress of Medical Science.

*Anæsthetics in Midwifery.*—In a paper on the value of anæsthetic aid in midwifery, read before the Obstetrical Society of London, by Dr. CHARLES KIDD, the author states that though there have been twenty-five deaths from ether, in general surgery, he believes it superior to chloroform in relaxing the tissues in cases of version. In about thirty thousand cases of midwifery, in which these agents have been used, no accidents have occurred. "Chloroform is invaluable where there is exhaustion from debility, or shock, the result of great or long-continued pain; where there is loss of nerve force, or convulsions from excess of reflex irritability or pain, mental emotion, excitement, &c." It is not indicated where debility is the result of hæmorrhage, diarrhoea, and suppuration. When it is feared that hæmorrhage may follow its administration, a large dose of ergot may be given towards the close of labor. It should be remembered that it is not required to carry insensibility so far as in surgery.

*Cause of Death from Chloroform.*—Dr. Petrie, in a letter to the London Medical Times and Gazette, thinks death from chloroform often due to the position of the patient, the face turned upwards, in consequence of which, the tongue by its own weight falls back, carries the epiglottis close down to the top of the windpipe, closing the glottis, when inspiration at once ceases. He proposes the lateral position, for the purpose of obviating the casualty, and ascribes to this its safety in obstetric practice.

*Removal of the whole Tongue.*—Mr. Syme has twice undertaken the operation of removing the organ at the hyoid bone; both patients died from a low form of secondary pneumonia, probably from some atmospheric, accidental, or constitutional cause, the wound in both instances continuing in a perfectly healthy condition. Mr. Fiddes, of Jamaica, has since operated successfully, proving that the operation, though dangerous, may be undertaken with reasonable hopes of success.—*Med. Times & Gaz.*

*Gonorrhœal Ophthalmia.*—Dr. LUNDA, in the *Wien Wochenschrift*, recommends the application of the oil of saffron to the conjunctival surface of the upper eyelid, after the acute inflammation has subsided. It causes great pain and hyperemia, which soon pass off, and the cure is rapid. He has made the trial with this result in sixteen cases.

*Quinia in Tedious Labors.*—In the Proceedings of the Union Medical Society, Knightstown, Ind., Dr. JOHN LEWIS reports a case of labor in which, after about ten hours of slight ineffectual pains, he had the patient's feet bathed in warm water, dry cups applied to the sacrum, and gave at once ten grains of quinia sulph., at which the pains increased in frequency and duration, and the labor steadily progressed to a speedy termination. He says this has been his custom for the last ten years, and he expects the same result, as surely as nausea from ipecac, or purging from jalap.

*Vaccination in Nævus.*—M. NÉLATON resorts to one of the following methods for the purpose of avoiding hæmorrhage:—the finest insect needle charged directly from a child's arm is passed in and left in situ until the tissues have had time to become impregnated with virus; or, setons are first applied at the base of the tumor, and left in situ for a week; and through the fistulous tracks thus obtained, threads are passed, charged with virus, the cutaneous apertures being protected by small canule.

## Reports of Societies.

### MEDICAL SOCIETY OF THE STATE OF NEW YORK

#### FIFTY-FIFTH ANNUAL MEETING.

MORNING SESSION, TUESDAY FEB. 5, 1861. (CONTINUED.)

#### DISCUSSION ON INVERSION OF THE UTERUS.

(Continued from page 106)

IN relation to Dr. Van Dyck's case of Inverted Uterus, Dr. Quackenbush stated that a very interesting case of the sort came up for trial in Chicago not long since; the physician, Dr. Fisher, being charged with malpractice. It seemed that not until three weeks after confinement was anything of the kind noticed, and the parts were not replaced until three or four months had elapsed. The jury came to the conclusion, that the organ became gradually inverted, and after remaining in the vagina all that time, finally passed out. The case was decided against the physician, notwithstanding it was proved that the vagina was at that time so far unoccupied as to allow the passage of a large syringe into it for purposes of injection. The nurse also affirmed that the uterus was firmly contracted after delivery.

Dr. THORNE mentioned a case which occurred to him some years ago. He was consulted by a woman lately from England, who presented between her thighs a tumor covered with a cuticle, resembling the skin in appearance. She stated that she had been afflicted by its presence for a number of years, but desired treatment more particularly at that time in consequence of the presence of a troublesome ulceration upon its surface. After very careful examination the tumor was decided to be an inverted uterus. Dr. Blatchford also saw the case, and upon consultation it was deemed best to attempt a reduction, which was effected with not much difficulty. In answer to Dr. Quackenbush, he stated that there was some dimpling of the organ.

Dr. QUACKENBUSH referred to a case of inversion seen by Dr. White, where, after an existence of thirteen years, reduction was effected. He thought that in all cases of inversion restitution took place first at the os, and continued from below upwards instead of by simple dimpling of the fundus.

Dr. VAN DYCK thought that some distinction should be

made between recent and old standing cases, inasmuch as in the latter instances it would be almost impossible to produce that dimpling. In his case he tried to shove up the organ with his whole hand, but could not succeed. He then lengthened out the finger, soon the dimpling came on, and the organ was replaced. In some of these cases he thought that the dimpling was a matter of necessity.

Dr. BLATCHFORD stated, that soon after seeing the case with Dr. Van Dyck, he dined with Dr. Wing, who stated that he had seen just such a case, and reduced it in the same way.

Dr. QUACKENBUSH, in answer, to an inquiry from Dr. McNulty, stated that he did not believe inversion could take place unless the body of the uterus has been previously filled, either by a fetus or a tumor. The uterus in its normal state had too small an amount of muscular fibre to render any such effect possible, and, besides, the cavity of the organ was so small that there was very little or nothing to be inverted.

Dr. McNULTY asked Dr. Q. if he believed any predisposition ever existed in any given case, and whether inversion might not take place, independent of any mechanical cause?

Dr. QUACKENBUSH.—I do not think that that question has been much studied; the impression is, whenever we have these cases of inversion, and when we can't apply a better reason, that there is a predisposition. Authors state this to be a fact, but what they mean by it, it is hard to tell. My impression is, that inversion takes place sometimes without any mechanical cause. It has been generally supposed that injudicious treatment could only produce it, yet we find such a state of things occurring occasionally in practice of the most scientific obstetricians, when there has been no drawing upon the cord whatever, and sometimes in fact before there has been any endeavor on the part of the obstetrician to remove the placenta at all. In some cases you draw very lightly upon the cord and the womb becomes inverted, while in others, you may pull with a great deal of force without producing the accident. In order to explain this it is necessary to assume that some pathological condition, which we call a predisposition, exists in one instance and not in another.

Dr. VAN DYCK asked Dr. Q. if there was any such thing as a gradual inversion, remarking that such was the doctrine taught in the books.

Dr. QUACKENBUSH said, that a great deal was taught in books which was absolutely wrong, and in the matter of inversion this was especially the case. He maintained that in cases of inversion the succession of events was generally so rapid that it was impossible to form an idea exactly how it took place. He remarked that bookmakers were too apt to follow implicitly the assertions of those who had preceded them in the task, without stopping to inquire the foundation for such assertions.

Dr. BRINSMADE asked Dr. Lee to favor the Society with a few remarks upon the subject under consideration, but there being little time left in the morning session it was agreed to assign Dr. Lee the first part of the afternoon session.

The Committee on Credentials made a partial report, after which, on motion of Dr. McNulty, the meeting adjourned until 3½ P.M.

#### AFTERNOON SESSION—TUESDAY, FEB. 5TH, 1861.

##### INVERSION OF UTERUS—REMARKS OF DR. LEE.

The meeting was called to order by the President, Dr. Jones, when the minutes of the previous meeting were read by the Secretary, Dr. S. D. Willard, and approved.

Dr. C. A. LEE said:—I do not claim to know much more on this subject of inversion of the womb than the profession generally, and the reason why I have been called to make some remarks upon this occasion is owing to the fact that a paper was published by me in the October number of the *American Journal of Medical Sciences*. I was led to

study the subject, as I was called upon to make a deposition in the Chicago case in which there were fifty questions put to me. I found quite a large number of cases scattered through the books; I collected about two hundred, and made an analysis of one hundred and forty-eight. I do not claim, Sir, to know very much of the subject from practical experience. I presume that there are physicians in this room who have been in midwifery practice all their lives, and yet have never met with a case. It is well known in the London and Dublin Lying-in Hospitals that out of 40,000 cases of delivery, not a single case of inversion has occurred. I infer from that fact, that this accident does not often occur in the practice of physicians well acquainted with the science of midwifery, and that it is due to carelessness and inattention on the part of the attendant: I will not say, want of skill, because a sudden nismus may take place and the womb become inverted before we suspect any danger. We know that this happened to Prof. Dewees, and with that ingenuousness which was a characteristic of the man, he relates how in attending a case, before he suspected that anything was going to happen, the placenta came down adherent to the fundus, that the womb was inverted, and then he goes on to describe how he replaced it. You will find that Dr. Ramsbotham also describes a case which occurred in his practice which he thought was owing to negligence on his part. There is a belief which is very prevalent in the profession, that when the womb is inverted and placenta adherent it must make its appearance externally. This I believe to be a mistake; certainly after the placenta is separated there is room in the vagina for the womb to remain without being visible externally. In a letter from Prof. White, of Buffalo, which I have received within a few days, he describes a case where he found the uterus in this condition.

In regard to the manner in which this takes place, I consider it rather a matter of theory. No man has ever observed it, for if he had been watching for it, it would not have occurred. Some say it is due to irregular contraction; some say, with Dr. Quackenbush, that evolution commences first at the neck of the womb; others say that the fundus is dimpled and gradually projects downwards until at length the womb takes the alarm and begins to expel the fundus exactly as it would a foreign body. That I believe to be the way in which it generally happens. I don't believe in this evolution at the neck. To say that such a tissue can take on contraction with such a small amount of muscular fibres, so as to invert it, is absurd; however, it is a matter of pure theory. Not exactly all theory either, because you will find in two cases which are quoted by Dr. Dewees in his midwifery, where the womb had been inverted, that the physician replaced it and suddenly as he withdrew the hand the fundus followed it down and came out externally. He then pushed the fundus up and tried to retain it there, but every time he withdrew his hand the womb came down. He thus observed that the process commenced at the fundus and not at the neck. Here, then, we have two or three actual observations to base against the theory advanced. I doubt very much whether it can be accomplished by irregular contraction. I believe that in order to invert the womb the placenta should be adherent, the uterus relaxed, and that there should be a strong abdominal nismus, when the placenta will drag down the fundus.

Now, in regard to this case at Chicago. It is a remarkable fact that we had no instance of a medico-legal record of any such case. (The Dr. then read an abstract of the case as published.)

Now, gentlemen, in regard to the defence in this case it was thought that the inversion took place gradually; that there was a slight dimpling of the fundus which slowly increased, and in the course of thirty or forty days the uterus turned itself inside out. This inversion occurred rather suddenly. The physician then made the examination for the first time after her delivery, notwith-

standing there had been oft-repeated hemorrhages, during all that interval. Dr. Potter was afterwards consulted, who did not give a very favorable opinion of the case. Dr. Fisher heard of it, and immediately commenced a suit for slander. Mr. Stone, the husband of the lady, employed two lawyers, who proposed that Dr. Fisher should leave the case in the hands of three medical gentlemen. This proposition was not acceded to; the suit was commenced; the damages were laid at \$20,000, and the case was decided against Dr. Fisher. I gave my deposition to the effect that it was not a case of gradual inversion, but that the occurrence took place at the most the first or second day after the delivery, and that the Doctor was guilty of neglect to his patient in not making an examination sooner to find out the cause of the hemorrhage.

In conclusion, I will allude to two or three results which I have deduced from the statistics. In regard to inversion of the womb I have shown that in sixty-two cases where the cause is assigned, thirty-nine are stated to have occurred from pulling on the cord, and I believe with Dr. Lee, of London, that this is the most frequent cause of the difficulty, especially in case the placenta is adherent. Then, again, in twenty-five cases the delivery was very rapid, and I believe that that is one of those collateral circumstances which predispose to this accident. In twenty cases out of one hundred and forty-eight, labor was natural and slow, but in the majority there were symptoms of uterine exhaustion. That is another of the circumstances which I believe favors inversion. The womb is like a wet rag, and falls downwards from the mere weight of the fundus, and not by contraction of the neck. Dr. Lee, of London, says that inversion is frequently if not invariably owing to pulling of the cord before the uterus has had time to contract. Now you hear a great deal of spontaneous evolution, when it has occurred without interference on the part of the attendant, but this I believe is *very seldom* the case. I do not say that it is an impossibility; but when such a case turns out you may depend upon one thing, that is, that it commences at the time of delivery. Nor is the inversion gradual; it probably happens the first day after delivery. This was in all probability the fact in the case reported this morning; the inverted womb remained in the vagina, which, having just previously passed a fetus, was ample enough to contain the displaced organ without having it appear externally. This point caused a great deal of discussion at Chicago, and it was contended by many that because the uterus did not appear externally, therefore the inversion did not take place at the time of delivery. I will relate a case which occurred to me recently. I was called to a lady who had been out of health for twenty-five years, and during that time she had consulted a dozen different physicians. Since the commencement of her illness she had been suffering from repeated uterine hemorrhages, which left her in a very anemic condition. At the time of her delivery, twenty-five years ago, the midwife who attended her used a good deal of force in taking away the afterbirth. I examined her at once, suspecting that something was the matter with her womb, either polypus or inversion. I passed my hand up and felt a body hanging down like a fibrous tumor attached to the fundus, but I did not make up my mind as to its precise character. On examining again, however, I ascertained that the womb was inverted. I wrote to Dr. White a history of the case, and asked his opinion, she being at the "change of life," whether he thought the hemorrhage would cease after that period. The Doctor thought that the flow would not be checked by delaying, and advised me to attempt a reduction. I, however, did not follow his advice. The "change of life" brought with it a stoppage of the hemorrhage, and for the last two years the woman has enjoyed very good health. The anemia was removed by diet. A very important inference can be drawn from this case in reference to the influence that may be exerted by the cessation of the menses. None of the physicians who had previously seen her had made an examination to ascertain the source of the hemorrhage.



In the one hundred and forty-eight cases the uterus was repositioned in fifty-one, and three are recorded by Meigs as cases of spontaneous involution. I think Meigs made a mistake in the diagnosis; such mistakes have been made by as great men as he, by Baudelocque, Sir Charles Bell, Rigby, and others. In most of the cases the placenta was separated before it was replaced. I will not detain you to speak as to whether the womb should be reduced with the placenta adherent or not; the course to be pursued must depend upon circumstances. There is one fact which I have proved, and which will no doubt be interesting, that is, that it is not a dangerous operation to remove the inverted uterus by ligature. I, myself, was certainly astonished to find how large a proportion of the cases recovered. In thirty-two cases only four proved fatal. These are all well attested cases; the name of the author is given, and there can be no doubt as to the correctness of the diagnosis in each instance. The operation of excision is more dangerous than that of ligature. Out of fourteen cases in which this operation was performed, four died. In a case of long standing, I think I should prefer the ligature to manipulation, that is to say, if the patient was past the child-bearing period.

DR. QUACKENBUSH: In rising to reply to some of the remarks of Professor Lee, perhaps I should offer an apology to the Society for trespassing so often on its time and attention in the discussion of this, to me, highly interesting subject. And yet when I remember that I occupied the floor in replying to certain interrogatories proposed to me, I am the more ready to believe that the Society will pardon me if I again express my views in elucidation of some of the points to which the Professor has alluded. The subject of Inversion of the Uterus has lately attracted considerable attention in this country and in England, and its treatment seems now to be generally well understood. The cause of the difficulty, however, is not so definitely settled, and the manner of its occurrence is enveloped in much doubt and obscurity. It has generally, I might say universally, been supposed that the uterus becomes inverted by a depression of its fundus, that at this point there is an indentation, which becomes larger and larger, and finally the whole organ turns *inwards* upon itself and becomes entirely inverted. This view is adopted by Professor Lee. I suggested, in a report read before this Society one year since, another mode, namely, that the inversion of the organ commenced at the *neck* instead of the *fundus*—this the Professor characterizes as impossible! nay, as absurd. Upon this point, Mr. President, I take issue with my learned friend. Every gentleman present knows that if you place the hand upon the abdomen of your patient shortly after the delivery of the fetus and placenta, the *fundus* feels hard and firm; while, if an examination be made *per vaginam*, the *neck* will be found to be flaccid and relaxed, and you can hardly tell where the vagina terminates and where the womb commences; and let me inquire is not this the very condition we would expect to find if the inversion commenced in the manner indicated? But that I may be better understood, and that I may the better maintain my position, allow me to explain more fully the modes in which I think it occurs. It is well known that there are two layers of fibres in the uterus, one the circular or horizontal, the other the longitudinal layer; the former encircling as a band the os and cervix uteri, while the latter extends from this band and passes over the fundus of the uterus. When labor commences and proceeds, both these layers contract, but after a time the circular fibres yield to the more powerful action of the longitudinal, the os uteri opens, and the vagina and uterus become one continuous and regular canal. The organic contractility continues, and the organ is freed from the fetus which it contained. Another contractility now comes into play. This is the contractility of the tissue, a property by which the womb, after having been emptied, returns gradually to its former state, and thereby has its cavity nearly obliterated. Now, at this stage there may be irregularity of contraction.

The circular fibres, constituting a sort of sphincter muscle of the womb, are relaxed and form no firm attachment for the longitudinal fibres. The longitudinal fibres, which may represent so many columns resting on this circular band as a foundation, contract, and, having no support, they begin to yield from the bottom, evolution takes place, the neck doubles in upon itself and passes through the os, the body follows, and, finally, the fundus, dragged down upon the body, preserves the same course, and we now have a complete inversion; the fundus being the *last* portion inverted, instead of the first, as has been generally, or I may say universally, admitted.

Before leaving this point I would state that I am not alone in my opinion in regard to this manner of *evolution*, for I find that Dr. John Delamater, who has had a very extensive practice, entertains the same views, and has made them public in a letter, written in April last. Allow me to read his paragraph. "The thought that inversion may, though rarely perhaps, commence at the neck of the uterus, rather than at the fundus, does not appear to me to have occurred to any one but myself, and yet it is so clear to me that it must sometimes be so, that I have been compelled to argue the point" at much length. Mr. President, this manner of inversion seems not only plausible but extremely probable. True, all authors who have treated the subject teach differently, but what is the reason? They have seldom, if ever, seen the accident: their attention has not been particularly drawn to it; and hence they have adopted this *universal* notion, which, in my opinion, is as erroneous as it is universal. If then this be the manner in which *inversio uteri* occurs, what is the cause of it? I consider it an *irregularity of action*, and by this term I do not mean an *undue* action of some of the fibres of the body and fundus, whereby a portion is drawn down or depressed, but a *want of correspondence* between the muscular action of the neck and the body of the uterus, in which there is a complete atony of the muscular fibres of the neck, which is consequently soft and yielding, and a partial action of the fibres of the body and fundus, sufficiently strong to draw it down through the patulous mouth of the womb, but not active enough to detach the placenta, which we usually find adherent. Here, then, we have an atonic and patulous condition of the os and cervix uteri, affording no impediment to the protrusion of the body and fundus, which is drawn down by the slight muscular contractions, by the traction on the cord, by the weight itself of the fundus with the placenta attached, or perhaps is *pushed* down by the superincumbent mass of intestines, aided by the contraction of the abdominal muscles. I am led to this conclusion by the fact that in numerous cases of this character the placenta remains attached to the uterus, not only after it is inverted, but even when it has protruded through the vulva, which would not be the case if the action had been excessive, for the contractions, violent enough to produce this inverted condition of the organ, would certainly be sufficiently powerful to detach the placenta.

There are other points, Mr. President, which I would be pleased to discuss, as the subject is full of interest, but I do not feel at liberty to take up any more of the time and attention of the Society at this session.

(To be continued.)

## Correspondence.

### DOMESTIC CORRESPONDENCE.

EDITORIAL NOTES OF THE FIFTY-FOURTH ANNIVERSARY OF THE N. Y. STATE MEDICAL SOCIETY, ALBANY.

OUR notes of the opening session of this Anniversary have been rendered unnecessary by the communication of F. F. in the last number of the TIMES. We may here remark, however, that in our judgment, PROF. LEE did not declare

himself the "champion" of the malpractice case of Fisher *vs.* Stone, though he boldly enunciated his opinions. In regard to Dr. SWINBURNE's paper on *Exclusive Extension in the Treatment of Fractures* we would express our appreciation. But having secured that paper for publication in the MEDICAL TIMES, our readers will require no further comments upon it. It is a meritorious and highly practical essay, based upon ample observations. We presume its author would admit, that in his own treatment of fractures he actually does secure, either incidentally or designedly, some lateral support for the fractured limb. That point admitted, his views and his practice agree essentially with those of the best surgeons everywhere.

The introduction of resolutions relating to the institution of a Commission of Lunacy constitutes one of the most important and stirring measures of the session. The resolutions urged the State Legislature to pass a particular bill, which, upon inquiry, was found to be somewhat defective, and was believed to have in view but a limited and imperfect application. The bill had manifestly been drawn up and adapted to suit a much needed want in a particular department of jurisprudence; and for that limited object it seemed well adapted, excepting, perhaps, the single exclusive provision which would shut out all persons, except physicians of lunatic asylums, from acting as experts in cases of alleged insanity. Though the resolutions were passed, and the defective bill endorsed by a majority vote, enough was known to enable the members to appreciate and approve a special report that was subsequently drawn up by Dr. RANNEY, of Blackwell's Island Asylum. His report very justly reviewed the bill, and presented essential modifications and additions, which were finally adopted in full session as the sense of the Society. By those modifications the centralization of power and personal responsibility, which the original bill contemplated, will be effectually avoided. A grand defect yet needs to be remedied in the proposed measure; no provision is made for a thorough inquiry into the numbers and the individual circumstances of insane persons throughout the State.

The excellent Report on Medical Education, as presented by Dr. Townsend, has already been laid before our readers. The main propositions of that report must eventually be adopted by our medical colleges and the National Association, or under the auspices of the latter body a new and better standard and test of professional competency will be erected. The former would appear to be the more practicable plan, and we trust it may be approved by the Association, and voluntarily adopted by the medical schools.

At these meetings of the parent society, as well as in the Academy and other medical associations of our city, it is pleasant to witness the fraternal confidence and co-operation of the two grand divisions of the healing art; viz. practical medicine and scientific pharmacy. Through the medium of a special committee, under the lead of Dr. SCRIBB, of Brooklyn, the wants and purposes of practical physicians are anticipated or promptly responded to by the patient students of pharmacy; and when in the progress of discussions upon questions in practical medicine a new remedy is introduced, or the effects of particular articles referred to, Dr. S. appears not only as the champion of improved and pure pharmacy, but also as the skilled interpreter of their *modus operandi*. Though devoted to his alembics and crucibles, he is truly a brother beloved among practitioners of medicine. It is fortunate alike for the sick and their physicians that the attention of the profession is thoroughly aroused to the indispensable importance of purity in drugs, and definite standards and guards in pharmacy. Akin to this is the protection of the community against the unauthorized sale and use of poisonous drugs. The Address of the Vice-President of the Society was directed to this subject; and he showed that, in regard to opium and its preparations, there are needed very stringent regulations to diminish or prevent the pernicious and fatal employment of that article alone. Connected with this is the subject of suicides, and to the statistics and history of

this department of vital statistics and hygiene a valuable contribution was made by Dr. J. G. ADAMS, of New York. We have a pocketful of notes for a future number.

H.

### A SINGULAR EPIDEMIC IN VIRGINIA.

[To the Editor of the AMERICAN MEDICAL TIMES.]

SIR:—The inclosed letter, which I have recently received from a practitioner of eminence in Campbell County, Virginia, has interested me so much, that I think it would prove acceptable and profitable to your readers. I therefore place it at your disposal.

I am, Sir, with respect, yours,

T. GAILLARD THOMAS.

8 W. 14th st., Jan. 21, 1861.

In compliance with your request, I will proceed to furnish you with an account of a singular epidemic from which our community has just suffered. I regret that I kept no record of particular cases; my report will consequently be very imperfect; indeed, I can only give you an outlined sketch of some of the cases, and a general synopsis of the symptoms.

The first cases that came under my observation, occurred in October, 1859. The patients were two white boys, aged six and eight years, healthy, and of robust constitutions. The attack commenced with vomiting, headache, severe pain in the limbs and at the back of the neck; pulse feeble and accelerated; remarkable diuresis; bowels at first torpid, but after a mercurial purge sufficiently active, the dejections of a bright yellow color, unctuous and fluid, resembling very much the yolk of an egg. In a few days a papillary eruption, resembling the rash of scarlatina, made its appearance on the neck and breast, and rapidly diffused itself over the whole body, and in one case was visible on the mucous surface of the fauces and palate, causing slight complaint of sore throat; icteric phenomena were observed in both cases. The train of abnormal symptoms occupied about ten days, disappearing with general desquamation and copious perspiration; convalescence rapid.

The next case was a negro boy, about ten years of age, on the same plantation; had been sick about a week when I saw him; pulse 140, and feeble; delirium constant; jactitation and subsultus; countenance typhoid; teeth and tongue covered with sordes; bowels torpid; abdomen tumid, but not tympanitic. His master supposed him to be suffering from articular rheumatism, and upon examination I found both knees, the shoulder and elbow joint very painful, the slightest motion producing a sharp cry; one of the knees and the shoulder very much swollen; there was also some tumefaction about one eye, involving the lid, and extending towards the ear. I was informed that he first complained of great pain in the swollen knee, which continued two days, when the pain began to abate, and the joint to swell; the other knee and shoulder were next affected; fever with delirium set in, but as the white family were from home, nothing was done until their return, when I was immediately sent for. The case embarrassed me exceedingly. I did not then regard it as a phase of the same disease described in the other two cases, and, though I had never seen acute rheumatism connected with such a type of fever, I could not totally reject my friend's diagnosis. A spoonful of castor oil with fifteen drops of spirits turpentine, assisted by an enema, having fully relieved the bowels, I gave him that night five grs. Dover's powder, one-half gr. camphor, and two grs. calomel; applied chloroform liniment to the affected joints, and enveloped them in raw cotton. Next morning his appearance was somewhat improved; had rested better than at any time since his attack; answers more coherently; pulse less frequent and of more volume; complains more of his wrists than any other part. Ordered a solution of phosphate of ammonia and colchicum to be taken every four hours; continue the liniment; another

Dover's powder to be taken that night, should his former restlessness return. I never saw him again; his master informed me that he continued without apparent change until about daybreak the next morning, when he became very restless; upon attempting to give the sedative powder he found his teeth immovably clenched, and was unable to give him anything; in a short time tetanic spasms occurred, and he died in a few hours.

About a week afterwards I received a summons to attend the same plantation, where I found eight or ten of the negroes, of both sexes, and various ages, from five years to forty, quite ill, and from the same cause. The symptoms were such as I have enumerated in the three cases above described, but variously combined, and some new ones in addition, to which I shall refer hereafter. The attack generally came on suddenly, with chilliness, vomiting, headache, &c., but sometimes it would be preceded by severe pain in the fingers or toes, the larger joints becoming affected occasionally. There was generally an eruption, and jaundice occurred in about half the cases.

I was now satisfied of the identity of the disease, and that an epidemic of a novel character had appeared amongst us. My apprehensions were soon fully realized. In less than a month I had cases in eight or ten families, including my own. From that time until the last of November, a little more than a year, it existed as an epidemic; since then I have had but three or four isolated cases.

In addition to the symptoms before mentioned, I observed subsequently, pain in the right hypochondrium, with more or less tenderness, and sometimes diffused over the whole abdomen; during the winter and spring, when the eruption was less frequent, bronchitis was a usual concomitant, and as the mucus expectorated was generally tinged with bile, giving the sputa a rusty aspect, it frequently happened to the careless observer to mistake the disease for pneumonia, and even upon auscultation the subcrepitan râle of bronchitis was taken for true crepitus and the diagnosis confirmed. Among the characteristic symptoms was a pain which sometimes occurred behind the ear, giving the patient intense agony; it seemed to start from the mastoid process, and, following the sterno-cleido muscles, to diffuse itself over the sternum. It was periodic, recurring sometimes once, sometimes twice, in twenty-four hours, and lasting from fifteen minutes to two or three hours. The slightest motion aggravated it, and after it subsided would cause it to recur. In a majority of cases the prostration was very great, and complete anorexia prevailed until convalescence. Many of the patients were subject to violent cramps or spasms, affecting either the limbs, the abdominal muscles, or those of the chest. The pulse varied in different cases as to frequency, but in all cases the heart's action was feeble; in persons of a sanguineous temperament and delicate nervous organization it would sometimes range as high as one hundred and fifty in a minute, whilst in others, differently constituted, it was as low as thirty-five.

The character of the eruption was not uniform. I have seen in the same room three distinct varieties, one simulating scarlatina, another varicella, and the third resembling herpes annularis. Erysipelas and sore mouth were occasional concomitants. The brain was rarely implicated, and when delirium existed it was peculiar, reminding me of delirium tremens. In several instances the aberration of mind was confined to one subject, and continued during convalescence. An athletic negro man, after suffering a mild attack of the disease, during which no disturbance of mind was noticed, was, at his own request, allowed to do light work, when rather suddenly he attracted the attention of his fellows by his incoherent talk and expressions, indicating emotions of terror; finally, he ran off in great alarm from imaginary pursuers, and was not caught until next morning, when he was discovered five miles from home, almost frozen. These attacks were periodical, but occurred so suddenly and irregularly, that it was necessary to confine him for some weeks. In his lucid intervals he would give an account of his feelings and actions dur-

ing the paroxysms. There was but little disturbance of his physical system. The tongue was rather foul, and bowels torpid; some complaint of formication, and tinnitus aurium; his hearing was distressingly acute; but his appetite was good, and his strength did not fail. Two or three cases, somewhat similar to the above, were noticed during the year. The duration of the disease varied from ten days to six weeks. The milder attacks did not last more than two weeks, but in a good many the symptoms were developed slowly and insidiously; the eruption being very capricious, coming out partially, and then receding, until six weeks or even two months elapsed before convalescence was established. These latter cases assumed the external appearances of typhoid fever (dothenteritis), and it was only by a close attention to the abdominal symptoms that a difference could be discovered. Convalescents occasionally suffered a good deal from both neuralgia and myalgia; experiencing sometimes relief from large doses of quinine, but in a majority of instances a prolonged course of tonics with nutritious feeding seemed the only cure.

For so violent a disease the fatal attacks were very few. I attended more than three hundred cases and had but ten deaths; of these four were superannuated negroes (over 70 years of age); one child two years of age, who was teething at the time of its attack, died of convulsions; two died of tetanus, a man of thirty, and a boy of ten; one of congestion of the lungs brought on by wilfully exposing himself, while perspiring copiously, to a strong draught of cold air; one from epistaxis (a scrofulous subject), and another died, I suppose, from softening of the liver, stomach, and probably spleen. This case resembled yellow fever. The predominant symptoms were hepatic and gastric, viz. pain and tenderness in the right hypochondriac and epigastric regions; aching of the back and limbs; jaundice and vomiting; partial eruption on the forehead and between the shoulders. This state of things continued until a few hours before death; the emesis for several days resembling coffee grounds.

There were no autopsies made by me. Regarding it as a blood disease, whose determination to any particular organ was controlled by the peculiar condition or constitution of the patient (with perhaps a slight penchant for the liver), I did not think it important that I should do so.

My treatment at first was expectant and tentative, but soon observing that whenever one or more of the depurating organs acted excessively the patient improved rapidly, I availed myself of the hint, and made free use of purgatives, diuretics, and sudorifics, *pro re nata*. In the painful cases I resorted freely to opiates, generally in the form of Dover's powder, with the happiest results. To relieve the dorsal pains, which were very distressing, I found vaporizing with chloroform to answer better than anything else. Observing that those cases which were attended with bilious diarrhoea invariably did well, and recovered promptly, and that the reverse obtained, whenever the bowels were torpid and the excretion hard and dry, I considered that the use of mercury was clearly indicated. I must not forget to mention that diaphoresis to a degree of excess that I never witnessed in the course of any other disease was of frequent occurrence, and was generally critical.

The above is an irregular and discursive account of the maladies so prevalent with us for the last year. I have reason to believe from conversations with intelligent gentlemen (non-medical) from several districts of the state, that it has appeared pretty generally through Virginia, but I have seen no professional notice of the fact.

I regard it as the same disease with that known in the eastern states as Dengue or Breakbone Fever, modified perhaps by climatic influences. The only account I have ever had of Dengue, was obtained from a monograph by Prof. Dickson, which I read some fifteen years ago. Supposing it to be a disease of tropical regions, and never expecting it to reach the mountainous portions of our state where I reside, I gave the article a very cursory perusal, and have not been able to obtain it since. I therefore wish to be



understood as speaking diffidently when I assert the identity of the two epidemics.

I have no distinct recollection that jaundice was mentioned by Prof. Dickson as of common occurrence, and there was probably a difference in the duration of attack.

R. T. LEMMON, M.D.

CASTLE CRAIG, CAMPBELL CO., VA., JAN. 13, 1861.

### INVERSION OF UTERUS.

PROFESSOR C. A. LEE'S REMARKS BEFORE THE STATE MEDICAL SOCIETY.

[To the Editor of the AMERICAN MEDICAL TIMES.]

SIR:—The allusion to myself in the letter of your Domestic Correspondent (F. F.), from Albany, seems to require some explanation on my part. He says, the Society very "patiently listened to my extended account of the Chicago case," and that I "very unnecessarily reiterated my well known opinions respecting that case," and that "the subject was not acceptable to the members present," etc., etc.

F. F. perhaps may recollect that at the morning session, Dr. Brinsmade, of Troy, suggested that I should state my views to the Society on the general subject of "Inversion of the Womb," and being invited by the President, Dr. Jones, to do so, I stated that it would take up considerable time; that as it was then half-past two, and we dined at three, if the members of the Society wished to hear the subject discussed, I had no objection to occupy a part of the afternoon session. A motion was made and passed unanimously, that I should be invited to address the Society at that time. I may sincerely say, that I had no expectation or desire to say a word on the subject. I should much have preferred to have had any other member occupy the time than myself, and they will bear me witness that I have never encroached upon their time, or claimed their attention for any communication for many years past. It will be recollected, too, that I was not the first to bring up the Chicago case; it had been introduced by Professor Quack-inbush, of Albany, and considerable curiosity existed to hear more of the particulars regarding it, and of the principal points involved in dispute. I felt that there was no impropriety, at least, in my commenting pretty freely on the case, inasmuch as the trial was ended, and one of the medical witnesses, of great eminence, had published his testimony some time before the case came to trial. I may have spoken too freely of Dr. Fisher, and I probably did; if so, it was in relation to his unwillingness to leave the case to the decision of medical men, as was proposed by the defendant. We all know that ordinary juries are quite unfitted to decide medico-legal cases like this, and no physician should be unwilling to place himself in the hands of his professional brethren. I think it also very probable that I occupied more of the time of the Society than was profitable—indeed, I am pretty sure I did—but I saw no signs of impatience on the part of a single member; on the contrary, they all seemed to listen as if they felt interested in the matter. It was this circumstance only, perhaps, that misled me, if I was misled; for if I had believed that I was wearying the patience of a single person, I should have felt unwilling to have gone a single step further. F. F. will at least acknowledge that, when the "Professor of Brevity," with his characteristic abruptness, suggested that there might be other subjects more interesting to be brought forward, I very willingly yielded the floor, as I should have done at any time previous.

February 11, 1861.

C. A. LEE, M.D.

### SCARLET FEVER AND DIPHTHERIA IN IOWA.

[To the Editor of the AMERICAN MEDICAL TIMES.]

SIR:—SCARLET FEVER has prevailed uninterruptedly in this place during the past sixteen months. Its type, though generally mild, has occasionally exhibited the most malignant character. More than the usual amount of grave sequelæ have

resulted, and more often in the mildest cases. A majority of the cases could not be traced to contagion, and in most instances, but one family in a neighborhood suffered from the disease at the same time. A very large proportion of children who have not had scarlatina, remain unaffected after exposure. The attendant mortality has averaged about seven per cent.

Diphtheria has also been prevalent in this vicinity during the past six months, and the cases of late seem rather increasing in frequency and severity. Children from two to ten have been the principal subjects of attack, although infants and adults have occasionally suffered from its mildest form. It seems to have no necessary connexion with scarlatina, often preceding or following, and sometimes co-existing with it. In most instances the affection has been very mild in character, but sometimes has proved rapidly fatal. The proportion of deaths has been very nearly the same as that above-named for scarlet fever.

The treatment most generally pursued has been chlorate of potassa internally, cauterization with nitrate of silver, cold cloths and anodyne embrocations to the tumefied cervical glands, and the free exhibition of stimulants and tonics, with liberal diet throughout the disease. The writer has used with good effect chlorate of potassa in *tar water*, for the removal of the fetor and the detachment of diphtheritic incrustations. It was administered internally, used as a gargle, and also for a nasal injection. In some of the severest cases of late, Prof. Woodward's mercurial plan has been resorted to with satisfactory results.

ASA HORR, M.D.

DUBUQUE, IOWA, JANUARY 29, 1861.

## Medical News.

### MARRIAGE.

WILLIAMS—CRASTO.—At Harlem, February 6th, by the Rev. Valentine Buck, Augustus P. Williams, M.D., to Carrie A., eldest daughter of Col. M. E. Crasto, all of New York.

DOMESTIC ITEMS.—Dr. John A. Brady, of Brooklyn, one of the surgeons of the Metropolitan Police, has resigned his position owing to the pressure of private practice.—Dr. Darling, of Ryegate, Vt., recently extracted a port on of a needle, three quarters of an inch long, from the eye of a lad.—Dr. Trenchard, of Philadelphia, has been appointed Port Physician.—Dr. A. Hewson has been elected Surgeon to the Pennsylvania Hospital.—Dr. Moriarty, Superintendent to the House of Industry, Deer Island, Boston, has been removed from that position.—Dr. S. L. Abbott, succeeds Dr. Ellis as Editor of the *Boston Journal*.—Dr. J. S. Jones succeeds Dr. H. G. Clark as City Physician of Boston.

SEAMAN'S FUND AND RETREAT.—The Annual Report of the Physician in Chief and auditing committee, for 1860, shows that the admissions of the past year exceeded those of 1859 by 162, while the mortality list numbers two less. The whole number received was 1,266. There were remaining in the house on the last day of the preceding year, 124, making a total of 1,390 inmates during the course of the past year. Of this number there were discharged, cured, 1,027; relieved, 139; by request, 34; died, 62. Total number discharged and died, 1,262. Still under treatment in the house on the 31st of December, 1860, 128. The average proportion cured during the year, based upon the whole number discharged, was 81½ per cent.; relieved, 11; discharged by request, 2½; of deaths, 4½. The average daily number in the house during the year was 131. The average duration of time spent at the Retreat by each patient discharged was 26½ days. The average age of the Seamen who died during the year 1860 was 31½ years. The ratio of mortality for the last year is slightly less than that of the preceding one; as usual, the list is made up chiefly from the subjects of chronic disease.

## OFFICERS OF THE MEDICAL SOCIETY OF THE STATE OF NEW YORK FOR 1861.

*President*—E. H. Parker of Poughkeepsie.  
*Vice President*—A. Van Dyck, of Oswego.  
*Secretary*—S. D. Willard, of Albany.  
*Treasurer*—J. V. P. Quackenbush, of Albany.

## COMMITTEE OF PUBLICATION.

Drs. Thos. Hun, S. D. Willard, H. D. Townsend.

## CENSORS.

*Southern District*, E. Harris, Joel Foster, J. C. Hutchison; *Eastern District*, B. P. Staats, T. B. Blanchard, P. McNaughton; *Middle District*, J. S. Sprague, C. B. Coventry, A. L. Saunders; *Western District*, A. Thompson, G. N. Burwell, E. Hall.

## COMMITTEE ON CORRESPONDENCE.

J. H. Griscom, M. H. Hasbrouck, W. P. Seymour, H. Corliss, L. Guitenn, J. G. Orton, J. Kneeland, J. W. White.

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*First District*, John G. Adams, John McNulty; *Second District*, C. W. Haight, J. Foster Jenkins; *Third District*, J. V. P. Quackenbush, R. B. Bontecou; *Fourth District*, James Lee, A. E. Varney; *Fifth District*, Franklin Everts, Austin White; *Sixth District*, C. S. Wood, C. M. Kingman; *Seventh District*, Nelson Niveson, Jos. Beattie; *Eighth District*, J. Northrop, C. C. F. Gray.

## NOMINATED FOR PERMANENT MEMBERS.

E. H. Jones, of New York; C. E. Van Anden, of Auburn; S. M. Van Alstyne, of Schenectady Co.; — Jones, of Livingston Co.; A. G. Purdy, of Andison Co.; P. Brooks, of Broome Co.; H. D. Bulkley, of New York; H. S. Downs, of New York; H. A. Carrington, of Dutchess Co.; D. P. Brooks, of Brooklyn; Peter Moulton, of Westchester Co.; Chas. McMillan, of Westchester Co.; A. Crispell, of Ulster Co.; Taylor Lewis, of Rensselaer Co.; J. R. Cooper, of Dutchess Co.

## ELECTED HONORARY MEMBERS.

James E. Wood, of New York; Zhu Fitcher, of Michigan; D. Crosby, of New Hampshire; P. A. Jewett, of Connecticut; D. Humphrey Storer, of Massachusetts; W. Frazer, of Canada West.

## NOMINATED FOR HONORARY MEMBERS.

Prof. T. G. Geoghegan, of London; Prof. Jennings, of Nashville, Tenn.; Ashbel Woodward, of Connecticut.

## FOR HONORARY DEGREE OF DOCTOR OF MEDICINE.

Charles G. Bacon, of Oswego Co.; Charles Buttwort, of Oneida Co.

## COMMITTEES ON VOLUNTARY COMMUNICATIONS.

On Internal Cancer, Alonzo Clark; on Meteorological Phenomena, S. B. Hunt; on Hygienic Condition of the Atmosphere, &c., C. A. Lee; on Epidemics, *First District*, E. Harris; *Second District*, C. A. Lee; *Third District*, T. C. Brinsmade; *Fourth District*, A. F. Doolittle; *Fifth District*, L. Guitenn; *Sixth District*, A. Willard; *Seventh District*, E. Carr; *Eighth District*, H. M. Conger.

## DELEGATES TO THE AMERICAN MEDICAL ASSOCIATION.

D. P. Bissell, J. Foster Jenkins, Hiram Corliss, E. H. Parker, G. A. Dayton, Joseph Beattie, E. R. Squibb, T. W. Blanchard, S. O. Vanderpool, Henry S. Downs, T. C. Fennell, A. H. Hoff, S. B. Hunt, Thos. Hun, T. C. Brinsmade, C. S. Wood, C. E. Van Anden, F. H. Hamilton, J. C. Hutchison, Wm. P. Seymour, Joel Foster, Charles Budd, H. C. Gray, E. H. Pearson, Wm. Govan.

## DELEGATES TO THE QUARANTINE AND SANITARY CONVENTION.

John G. Adams, J. H. Griscom, E. Harris, J. McNulty, J. C. Hutchison, Wm. Govan, Mason F. Cogswell, H. Corliss, J. V. P. Quackenbush, H. Townsend, J. M. Minor, A. H. Hoff, J. G. Orton, J. Ordronaux, S. C. Foster, T. W. Blanchard, S. B. Hunt.

## DELEGATES TO THE CONNECTICUT STATE MEDICAL SOCIETY.

*First District*, Alonzo Clark, Edward E. Squibb; *Second District*, S. D. Willard, E. S. Wood; *Third District*, John McCall, Daniel T. Jones; *Fourth District*, Hiram Corliss, A. Van Dyck.

## COMMUNICATIONS have been received from:—

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## METEOROLOGY AND NECROLOGY OF THE WEEK IN THE CITY AND COUNTY OF NEW YORK.

From the 4th day of February, 1861, to the 11th day of February, 1861.

## Abstract of the Official Report.

*Deaths*.—Men, 73; women, 72; boys, 121; girls, 100—total, 366. Adults, 145; children, 221; males, 194; females, 172; colored, 4. Infants under two years of age, 141. Among the causes of death we notice:—Infantile

convulsions, 28; croup, 16; diphtheria, 14; scarlet fever, 25; typhus and typhoid fevers, 5; consumption, 70; small-pox, 7; dropsy of head, 18; infantile marasmus, 22; inflammation of brain, 4; of lungs, 29; bronchitis, 12; congestion of brain, 9; of lungs, 7; erysipelas, 2; whooping cough, 5; measles, 2. 188 deaths occurred from acute diseases, and 22 from violent causes—256 were native, and 110 foreign; of whom 73 came from Ireland; 8 died in the Immigrant Institution, and 41 in the City Charities; of whom 11 were in the Bellevue Hospital. The deaths of the first five weeks of 1861, were severally one-fifth less in number than in the corresponding periods last year.

Abstract of the Atmospheric Record of the Eastern Dispensary, kept in the Market building, No. 57 Essex street, New York.

Feb'y. 1861.	Barometer.		Temperature.			Difference of dry and wet bulb. Therm.		Wind.	Mean amount of cloud.	Rain.
	Mean height.	Daily range.	Mean.	Min.	Max.	Mean.	Max.			
	In.	In.	°	°	°	°	°		0 to 10	In.
4d	30.20	.40	36	32	38	5	8	N.W.	8	
4th	30.20	.10	31	25	35	4	6	N.	4	
5th	30.10	.15	33	28	40	4	6	N.E.	3	
6th	29.70	.50	36	30	41	5	8	S.W.	.08	
7th	29.85	.80	29	8	50	4	7	S.W.	5	
8th	30.45	.55	0	10	15	8	W.	1	0	
9th	30.55	.10	23	11	34	3.5	6.5	S.	1	

REMARKS.—4th, clear P.M. 5th, cloudy at 2 P.M.; clear, sunset; overcast 10 P.M. 6th, wind fresh all this day; mostly light earlier in the week. 7th, cloudy, A.M. 2 P.M. temperature 50°, with very light shower, soon followed by light snow, a gale of wind, and fall of temperature in two hours of 25°, in seven hours, 50°, and in twelve hours, of 6°. This is thought to be unprecedented in this city. The fall at the same time on Brooklyn Heights, N. W. exposure, was 64°. 8th, wind fresh, A.M., and moderate the rest of the week. This day was colder than any other since Jan. 10, 1850. The mercury in the barometer rose over an inch from 2 P.M. of the 7th, to 9 A.M. of the 8th.

## MEDICAL DIARY OF THE WEEK.

Monday, Feb. 18.	{ New York Hospital, Dr. Halsted, half-past 1 P.M. EYE INFIRMARY, Diseases of Eye, 12 M.
Tuesday, Feb. 19.	{ New York Hospital, Dr. Buck, half-past 1 P.M. EYE INFIRMARY, Diseases of Ear, 12 M. OPHTHALMIC HOSPITAL, Drs. Stephenson & Garrish, 1 P.M.
Wednesday, Feb. 20.	{ EYE INFIRMARY, Operations, 12 M. New York Hospital, Dr. Cock, half-past 1 P.M. BELLEVUE HOSPITAL, Dr. Mott, half-past 1 P.M. ACADEMY OF MEDICINE, 7½ P.M.
Thursday, Feb. 21.	{ OPHTHALMIC HOSPITAL, Drs. Stephenson & Garrish, 1 P.M. New York Hospital, Dr. Halsted, half-past 1 P.M.
Friday, Feb. 22.	{ New York Hospital, Dr. Buck, half-past 1 P.M. EYE INFIRMARY, Diseases of Eye, 12 M. BELLEVUE HOSPITAL, Dr. Wood, half-past 1 P.M. OPHTHALMIC HOSPITAL, Drs. Stephenson & Garrish, 1 P.M.
Saturday, Feb. 23.	{ New York Hospital, Dr. Cock, half-past 1 P.M. EMIGRANTS' HOSP., WARD'S ISLAND, Dr. Cardochan, 3 P.M. EYE INFIRMARY, Diseases of Ear, 12 M.

## SPECIAL NOTICES.

BELLEVUE HOSPITAL.—On Saturday (this day), February 16, Dr. JAMES R. WOOD will deliver a Second Lecture on Hernia.

DR. ALEXANDER B. MOTT will perform the following operations, viz.—Plastic Operation for Deformity of the Neck; Removal of a Necrosed Portion of the Femur; Cure of Double Hydrocele.

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Wade & Ford beg leave to call the attention of the faculty to the following notice of this Case of Instruments in the May number of the New York *Journal of Medicine*, page 427:

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